

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002930

1. Entity Name

HE IS VICTORIOUS INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90206 043 ****61.25

Principal Place of Business

Mailing Address

604 GALLEGO AVE.
OCOE FL 34761

P.O. BOX 387
OCOE FL 34761-0387

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3335296

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAHEIM, GARY L
604 GALLEGO AVE.
OCOE FL 34761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DRAHEIM, GARY L
STREET ADDRESS 604 GALLEGO AVE
CITY-ST-ZIP OCOE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME NORTON, BILLIE
STREET ADDRESS 411 COLUMBIA AVE
CITY-ST-ZIP ST CLOUD FL 34769

TITLE VD ☐ Change ☒ Addition
NAME Patti Bachand
STREET ADDRESS 1613 Addie Ave
CITY-ST-ZIP Orlando, 32808

TITLE D ☒ Delete
NAME ROBERTS, TEMMY
STREET ADDRESS 8209 UNIT 32 SUNSPRING CIRCLE
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TSD ☐ Delete
NAME HUNT, TRACY
STREET ADDRESS 604 GALLEGO AVE
CITY-ST-ZIP OCOE FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary L. Draheim* GARY L. Draheim

4-4-00 407-877-6481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)