

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002801

1. Entity Name

VICTORY IS SHOUTING IN OUR NEIGHBORHOODS INC.

Principal Place of Business

3302 N TAMPA ST
TAMPA FL 33603
US

Mailing Address

P.O. BOX 15186
TAMPA FL 33684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3447003

Applied For

Not Applicable

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

NATHANIEL JACKSON, STEPHEN
10743 GLEN ELLEN DR
TAMPA FL 33624

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.

(NOT: 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 D ☐ Delete
NAME JACKSON, STEPHEN N
STREET ADDRESS 10743 GLEN ELLEN
CITY-ST-ZIP TAMPA FL 33624-5060

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

TITLE T ☐ Delete
NAME JACKSON, ELIZABETH
STREET ADDRESS 10743 GLEN ELLEN
CITY-ST-ZIP TAMPA FL 33624-5060

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

TITLE T ☐ Delete
NAME JACKSON, STEPHANIE
STREET ADDRESS 10743 GLEN ELLEN
CITY-ST-ZIP TAMPA FL 33624-5060

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

TITLE T ☐ Delete
NAME JACKSON, SIMONE
STREET ADDRESS 10743 GLEN ELLEN
CITY-ST-ZIP TAMPA FL 33624-5060

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

TITLE M ☐ Delete
NAME FOLKS, JULIA
STREET ADDRESS PO BOX 290917
CITY-ST-ZIP TEMPLE TERRACE FL 33687-0917

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:

[Signature]

5/21/01 (813) 229-3440

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90515 001 ***184.00

- 73603



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)