

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004797

1. Entity Name

VICTORIOUSLY OVERCOMING CORP.

Principal Place of Business

2 STARLING DRIVE  
DAYTONA BEACH FL 32117

Mailing Address

2 STARLING DRIVE  
DAYTONA BEACH FL 32117

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 31-1668623

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FREEMAN, CYTERIA	
STREET ADDRESS	2 STARLING DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUSH, JUDITH	
STREET ADDRESS	2 STARLING DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, PAULA	
STREET ADDRESS	2 STARLING DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUTLER, DONALD	
STREET ADDRESS	2 STARLING DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, PATRICIA A	
STREET ADDRESS	2 STARLING DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

Daytime Phone #

FILED  
Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90126 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)