FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001647

1. Entity Name

Kilpatrick's "Victory" Auto Sales, Inc.

DO NOT WRITE IN THIS SPACE

FILED
02 APR 18 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3212 Springhill Road	3212 Springhill Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Florida	City & State: Tallahassee, Florida
Zip: 32305 Country: Leon	Zip: 32305 Country: Leon

4. FEI Number: 59-3623740 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: L. Maurice Kilpatrick

Street Address (P.O. Box Number is Not Acceptable): 3709 Aksarben Dr.

City: Tallahassee, Florida **FL** Zip Code: 32308

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: L. Maurice Kilpatrick 4-1-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	L. Maurice Kilpatrick
STREET ADDRESS	3709 Aksarben Dr.
CITY-ST-ZIP	Talla., Fla. 32308
TITLE	V. President
NAME	Eddie Kilpatrick Jr.
STREET ADDRESS	2200 Bourgogne Dr.
CITY-ST-ZIP	Talla., Fla. 32308
TITLE	
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CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: L. Maurice Kilpatrick 4-1-02 264-6774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #