

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90063 029 ***150.00

DOCUMENT # P00000014410

1. Entity Name
INVICTA ENTERPRISES OF SARASOTA, INC. ✓

Principal Place of Business C/O CAROL MCATEE 5156 CENTRAL AVE. ST. PETERSBURG FL 33707	Mailing Address C/O CAROL MCATEE 5156 CENTRAL AVE. ST. PETERSBURG FL 33707
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2. Principal Place of Business 4424 Wilkinson Rd	3. Mailing Address 5401 Central Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota FL	City & State St. Petersburg, FL
Zip 34231	Zip 33710
Country Sarasota	Country

4. FEI Number 52-2242113	Applied For <input type="checkbox"/> Not Applicable
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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

**MCATEE, CAROL
 5156 CENTRAL AVE.
 ST. PETERSBURG FL 33707**

Name	
Street Address (P.O. Box Number is Not Acceptable)	5401 Central Ave
City	St. Petersburg FL 33710

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 **Carol McAtee CPA**

Carol McAtee

4/23/01

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)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Martin Fisher 4424 Wilkinson Rd Sarasota, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Caroline Fisher 4424 Wilkinson Rd Sarasota, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Caroline Fisher* **CAROLINE FISHER**

25th APRIL 01 **941 924 2883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)