

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000034642**1. Entity Name
VICTORIA BELLE, INC.

Principal Place of Business

5100 TAMiami TRAIL NORTH #143

NAPLES
34109

FL

Mailing Address

5100 TAMiami TRAIL NORTH #143

NAPLES
34109

FL

2. Principal Place of Business

12B AMELIA VILLAGE CIRCLE

3. Mailing Address

12B AMELIA VILLAGE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
AMELIA ISLAND

FL

City & State
AMELIA ISLAND

FL

4. FEI Number

59-3638419

Applied For

Not Applicable

Zip
32034

Country

Zip
32034

Country

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON VICTORIA B
5100 TAMiami TRAIL NORTH #143NAPLES
34109

FL

7. Name and Address of New Registered Agent

Name

JACKSON VICTORIA B

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

12B AMELIA VILLAGE CIRCLE

City

AMELIA ISLAND

FL

Zip Code
32034

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)

08/20/2001

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JACKSON VICTORIA BPRESIDE		
STREET ADDRESS	8 HICKORY LANE		
CITY-ST-ZIP	AMELIA ISLAND FL 32034		
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			

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: Victoria B. Jackson

Ms

08/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)