

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90083 003 ***150.00

0003197 AV

DOCUMENT # P00000034642

1. Entity Name
VICTORIA BELLE, INC.

Principal Place of Business
12B AMELIA VILLAGE CIRCLE
AMELIA ISLAND FL 32034

Mailing Address
12B AMELIA VILLAGE CIRCLE
AMELIA ISLAND FL 32034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 97 Amelia Village Cr Suite, Apt. #, etc. Amelia Island City & State Florida Zip 32034 Country Nassau	3. Mailing Address 97 Amelia Village Cr Suite, Apt. #, etc. Amelia Island City & State Florida Zip 32034 Country Nassau
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4. FEI Number **59-3638419** 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

JACKSON, VICTORIA B
97-12B AMELIA VILLAGE CIRCLE
AMELIA ISLAND FL 32034

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 _____ (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, 2002 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	MS JACKSON, VICTORIA B PRESIDE 8 HICKORY LANE AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02 **904 321-2001**
 Date Daytime Phone #

CR2E034 (9/01)