

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 03, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000104481**1. Entity Name  
VICTORIA COLLECTIONS, INC.

Principal Place of Business 832 GRAND REGENCY POINTE STE 3-202  ALTAMONTE SPRINGS FL 32714	Mailing Address 832 GRAND REGENCY POINTE STE 3-202  ALTAMONTE SPRINGS FL 32714
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2. Principal Place of Business 832 GRAND REGENCY POINTE	3. Mailing Address 832 GRAND REGENCY POINTE
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Suite, Apt. #, etc. 3-202	Suite, Apt. #, etc. 3-202
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City & State ALTAMONTE SPRINGS FL	City & State ALTAMONTE SPRINGS FL
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Zip 32714	Country	Zip 32714	Country
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4. FEI Number ☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**FITZGERALD BABETTE  
832 GRAND REGENCY POINTE STE 3-202  
  
ALTAMONTE SPRINGS FL 32714**7. Name and Address of New Registered Agent**Name  
FITZGERALD BABETTE  
Street Address (P.O. Box Number is Not Acceptable)  
832 GRAND REGENCY POINTE  
3-202  
City  
ALTAMONTE SPRINGS FL Zip Code  
32714

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 \_\_\_\_\_ **01/03/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO FITZGERALD BABETTE 832 GRAND REGENCY POINTE STE 3-202 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZGERALD BABETTE 832 GRAND REGENCY POINTE STE 3-202 ALTAMONTE SPRINGS FL 32714	<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"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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:** Babette Fitzgerald  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD 01/03/2001

Date

Daytime Phone #

CR2E034 (11/00)