

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90014 007 ***150.00

DOCUMENT # P 00000104481
1. Entity Name
VICTORIA COLLECTIONS, INC.

DO NOT WRITE IN THIS SPACE

425490

2. Principal Place of Business <u>633 Greencove Terrace</u> Suite, Apt. #, etc. <u>Ste #145</u> City & State <u>Altamonte Spgs, FL</u> Zip <u>32714</u> Country <u>USA</u>		3. Mailing Address <u>633 Greencove Terrace</u> Suite, Apt. #, etc. <u>Ste #145</u> City & State <u>Altamonte Spgs FL</u> Zip <u>32714</u> Country <u>USA</u>	
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4. FEI Number <u>59-3688786</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name <u>FITZGERALD, BABETTE</u>
Street Address (P.O. Box Number is Not Acceptable) <u>633 Greencove Terrace</u>
<u>Ste #145</u>
City <u>Altamonte Springs, FL</u> Zip Code <u>32714</u>

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IN THIS SPACE**

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 B. Fitzgerald BABETTE FITZGERALD, PRESIDENT/OWNER 2-22-02
(Signature, Title, or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

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

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

11. OFFICERS AND DIRECTORS

TITLE <u>PD</u>	NAME <u>FITZGERALD, BABETTE</u>	STREET ADDRESS <u>633 Greencove Terrace #145</u>	CITY - ST - ZIP <u>Altamonte Springs FL 32714</u>
TITLE <u>CEO</u>	NAME <u>FITZGERALD, BABETTE</u>	STREET ADDRESS <u>633 Greencove Terrace #145</u>	CITY - ST - ZIP <u>Altamonte Springs FL 32714</u>
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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 on an attachment with an address, with all other like empowered.

B. Fitzgerald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-02 407-682-0078
Date Daytime Phone #

CR2E034B (12/01)