

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90003 010 ***150.00

DOCUMENT # P00000116491

1. Entity Name
VICTORIA'S SY, INC.

(LA)

Principal Place of Business
**1464 HAVERHILL DR
 NEW PORT RICHEY FL 34655**

Mailing Address
**1464 HAVERHILL DR
 NEW PORT RICHEY FL 34655**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3693498

Applied For
 Not Applicable

Zip Country
USA

Zip Country

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

**SEDLACEK, VICTORIA L
 1464 HAVERHILL DR
 NEW PORT RICHEY FL 34655**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	SEDLACEK, VICTORIA L	
STREET ADDRESS	1464 HAVERHILL DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	SEC. TREAS.	<input type="checkbox"/> Delete
NAME	SEDLACEK, GEORGE F.	
STREET ADDRESS	1464 HAVERHILL DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 L Sedlacek*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/6/01** Daytime Phone #: **727-372-9042**

CR2E034 (5/01)

Attachment
#P00000114491

AB07242

7/6/01

Florida Dept. of State: _____

We formed our corporation at the end of last year (2000). We never received our 1st. uniform business report. Please find payment of \$150.00 enclosed to get our corporation on file.

Thank you,

Victoria Sedlacek, President.