

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004572

1. Entity Name
THE INVICTUS GROUP, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90170 023 ***150.00

Principal Place of Business
1790 HIGHWAY A1A
SUITE 202
SAATELLITE BEACH FL 32937

Mailing Address
1790 HIGHWAY A1A
SUITE 202
SAATELLITE BEACH FL 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1413 South Patrick Drive
Suite, Apt. #, etc.
Suite #7
City & State
INDIAN HARBOUR BEACH, FL

3. Mailing Address
1413 South Patrick Drive
Suite, Apt. #, etc.
Suite #7
City & State
INDIAN HARBOUR BCH, FL

4. FEI Number
65-1069367

Applied For
☐ Not Applicable

Zip
32937

Country
USA

Zip
32937

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PERSON, DOUGLASS A
1790 HIGHWAY A1A
SUITE 202
SAATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent
Name
PERSON, DOUGLASS A.
Street Address (P.O. Box Number is Not Acceptable)
1413 South Patrick Drive
Suite #7
City
INDIAN HARBOUR BEACH FL Zip Code
32937

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 DOUGLASS A. PERSON 1-25-02
(NOTE: Registered Agent signature required when reinstating) DATE

8. 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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D HERNANDEZ, FRANCISCO J 1503 ATLANTIC STREET MELBOURNE FL 32951	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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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: x 1-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)