2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000028893 DOCUMENT

1. Entity Name

VICTORY FINANCIAL GROUP, INC.



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90162 012 ***158.75

TITLE NAME CONSTANCE, MICHELE N GOZ CARDINAL AVENUE PALM HARBOR FL 34683 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI													
Suries, Apt. #, ello. City & State Country Application Fire Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTIRERA, P. A. ASIA ALMERA AVENUE City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Alter May 1, 2005 Fee will be \$550,00 Alter May 1, 2005 Fee will be \$550,00 Make Check Payable to Fiorida Department of State City FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550,00 Make Check Payable to Fiorida Department of State CONSTANCE, MICHELE N C	802 CARDINAL	AVENUE	s	802 C	802 CARDINAL AVENUE PALM HARBOR FL 34683								
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SPIEGEL & UTRERA, P.A. 343 AURRINA AVENUE CORAL GABLES FL 33134 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. It am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ONISTANCE, MICHELE N SIREF ADDRESS ON		6. Name	and Address of Curren	t Registere	egistered Agent			7. 1	Name and Address of New Re	jistered	Agent		1
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or protect name of nigreened agent and title if application. (NOTE Registered Agent signature required when reintalisting) PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Make Check Payable to Floridds Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD ORIGINATIONS SIGNATURE PALM HARBOR FL 34683 SIGN-ST-2P PALM HARBOR FL 34683 SIGN-ST-2P TITLE NAME SIRET ADDRESS SIGN-ST-2P TITLE NAME SIRET ADDRESS SIGN-ST-2P TITLE NAME SIRET ADDRESS SIGN-ST-2P TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD Change Addition Addition Addition Addition Addition Addition Addition Addition Addition TITLE NAME SIRET ADDRESS SIGN-ST-2P TITLE Change Addition Addition Addition Addition Addition TITLE Change Addition Addition Addition Addition TITLE Change Addition Addition TITLE Change Addition Addition TITLE Change Addition Addition TITLE Change Addition	343 ALMER	ria avenu	E		5.100111				,				_
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12. 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	CITY-ST-ZIP												
	12. hereby c	ertify that th	e information supplied wi	th this filing	does not qualify for	the exe	mption stated	in Section	119.07(3)(i), Florida Statutes. I fi	urther ce	ertify that the	information	1

or units 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: