

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90207 017 \*\*\*158.75

DOCUMENT # P02000020003

1. Entity Name  
VIC MCCALL, INC.



Principal Place of Business  
780 MARLENE DR.  
OCOEE FL 34761

Mailing Address  
780 MARLENE DR.  
OCOEE FL 34761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 42-1530342

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMSON, KENNETH B ESQ  
101 SOUTHHALL LN., STE. 400  
MAITLAND FL 32751

Name Victor G. McCall

Street Address (P.O. Box Number is Not Acceptable)

780 Marlene Dr.

City Ocoee

FL

Zip Code 34761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Victor G. McCall*  
Signature, typed or printed name of registered agent and title if applicable.

Victor G. McCall, President 2/14/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete  
NAME MCCALL, VICTOR G  
STREET ADDRESS 780 MARLENE DR.  
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: *Victor G. McCall* REQUIRED Victor G. McCall, President 2/14/03 407-492-048.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)