## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

## Feb 13, 2002 8:00 am Secretary of State DOCUMENT # P94000028032 1. Entity Name 02-13-2002 90208 026 \*\*\*150.00 VICTORIAN GARDENS, INC. Principal Place of Business , Mailing Address 917 E SILVER SPRINGS BLVD 917 E SILVER SPRINGS BLVD OCALA FL 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3249121 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADOLF, BRENDA G Street Address (P.O. Box Number is Not Acceptable) 917 E SILVER SPRINGS BLVD **OCALA FL 34471** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Addition TITLE ☐ Delete NAME NAME ADOLF, CHARLES P STREET ADDRESS STREET ADDRESS 410 SW 36TH PL. CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE **VTS** NAME ADOLF, BRENDA NAME STREET ADDRESS STREET ADDRESS 410 SW 36TH PL. CITY-ST-ZIP CITY-ST-ZIP OCALA FL TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED