

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90146 014 ***150.00

DOCUMENT # P94000034360

1. Entity Name
VICTORY LANE ENTERPRISES, INC.



Principal Place of Business
800 E BLVD
CHARLOTTE NC 28203
US

Mailing Address
800 EAST BLVD
CHARLOTTE NC 28203
US

2. Principal Place of Business

4201 CONGRESS ST
Suite, Apt. #, etc.
470

City & State
CHARLOTTE NC

Zip
28209 **Country**
USA

3. Mailing Address

4201 CONGRESS ST
Suite, Apt. #, etc.
470

City & State
CHARLOTTE NC

Zip
28209 **Country**
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **56-1881281**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAASS, ROBB
321 ROYAL POINCIANNA PLAZA
PALM BCH FL 33480

7. Name and Address of New Registered Agent

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

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SABATES, FELIX S.	
STREET ADDRESS	800 EAST BLVD.	
CITY-ST-ZIP	CHARLOTTE N.	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHITE, DOUGLAS	
STREET ADDRESS	800 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAASS, ROB	
STREET ADDRESS	321 ROYAL POINCIANNA PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Douglas White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/3 704 557-2242
Date **Daytime Phone #**

CR2E034 (10/02)