

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054554

1. Entity Name

VICTORIES UNLIMITED, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90080 004 \*\*\*150.00

Principal Place of Business

Mailing Address

213 NORTH 14TH STREET  
 SUITE 101  
 LEESBURG FL 34748

P. O. BOX 493412  
 LEESBURG FL 34749-3412

2. Principal Place of Business

3. Mailing Address

5617 CR 569  
 Suite, Apt. #, etc.

PO Box 493412  
 Suite, Apt. #, etc.

City & State

Center Hill, FL

City & State

Leesburg, FL

4. FEI Number

59-3200399

Applied For

Not Applicable

Zip

33514

Country

Sumter

Zip

34749

Country

Lake

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BABCOCK, SHIRLEY A  
 213 NORTH 14TH STREET  
 SUITE 102  
 LEESBURG FL 34748

Name  
~~Babcock Shirley A.~~  
 Street Address (P.O. Box Number is Not Acceptable)  
~~5617 CR 569~~  
~~Center Hill,~~  
 City  
 FL Zip Code  
 33514

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 Shirley A. Babcock  
 Signature, typed or printed name of registered agent and title if applicable.

Shirley A. Babcock  
 (NOTE: Registered Agent signature required when reinstating)

4/24/00  
 DATE

9. 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, 2000 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS BABCOCK, JAMES B  
 CITY-ST-ZIP 213 NORTH 14TH STREET, SUITE 101  
 LEESBURG FL 34748

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

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS BABCOCK, SHIRLEY A.  
 CITY-ST-ZIP 213 N. 14TH ST, SUITE 102  
 LEESBURG FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Babcock

Date

4/24/00 (352) 787-0066

Daytime Phone #

CR2E034 (9/99)