

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90159 022 ***150.00

DOCUMENT # P94000054554**1. Entity Name**
VICTORIES UNLIMITED, INC.**Principal Place of Business****5617 CR569**
CENTER HILL FL 33514**Mailing Address****P. O. BOX 493412**
LEESBURG FL 34749**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 **59-3200399**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BABCOCK, SHIRLEY A**
213 NORTH 14TH STREET
SUITE 102
LEESBURG FL 34748**7. Name and Address of New Registered Agent**

Name

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

107 N. 2nd Street
City **Leesburg** **FL** Zip Code **34748****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 **Shirley A. Babcock****4/4/02**
DATE

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

(NOTE: Registered Agent Signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **D** ☐ Delete
NAME **BABCOCK, JAMES B**
STREET ADDRESS **107 N 2ND STREET**
CITY-ST-ZIP **LEESBURG FL 34748****TITLE** **S** ☐ Delete
NAME **BABCOCK, SHIRLEY A.**
STREET ADDRESS **107 N 2ND STREET**
CITY-ST-ZIP **LEESBURG FL****TITLE** ☐ Delete
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:***Shirley A. Babcock* **Shirley A. Babcock** **4/4/02** **(352) 787-0066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)