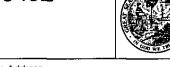
2003 FOR PROFIT CORPORATION

DOCUMENT #

1. Entity Name



UNIFORM BUSINESS REPORT (UBR) P94000090492

FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90109 016 ***150.00

THE VICTOR GROUP, INC.										
Principal Place of Business 1004 SO HWY 17-92 LONGWOOD FL 32750 US		Mailing Address 808 PUTNAM AVE. ORLANDO FL 32804			 			 1		
2. Principal P	Place of Business	Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF	MAKING C	HANGES	
City & Stat	e e	City & State				4. FEI Number 59-3288561 Applied For				
Zip	Country	Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered A	gent			7. Name and Ac	idress of New Reg			
					Name					
NORBERG, VICTOR L 1004 SO HWY 17-92					Street Address (P.O. Box Number is Not Acceptable)					
	MWY 17-92 OD FL 32750									~
				City	ty FL Zip Co			Zip Code)	
8. The above	named entity submits this statement for	r the purpose	of changing its re	egistered offic	e or registere	ed agent, or both, i	n the State of Floric		niliar with, a	and accept
	tions of registered agent.		• •							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicabl	e. (NOTE:	Registered Agent s	ignature 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							on Campaign Finar Fund Contribution.	ncing		May Be to Fees
10.	OFFICERS AND DIRECTORS 1			11.		ADDITIONS/CH	IANGES TO OFFICI	ERS AND D	RECTORS	IN 11
NAME A.STREET ADDRESS CITY-ST-ZIP	D NORBERG, VICTOR L 808 PUTNAM AVE. ORLANDO FL 32804		□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			[Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D NORBERG, BEVERLY S 808 PUTNAM AVE. ORLANDO FL 32804		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss] Change	Addition
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TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss] Change	Addition

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:

SIGNATURE MEGUIRED

Daytime Phone #