

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019534

1. Entity Name

VICTORY UNLIMITED, INC.

Principal Place of Business

Mailing Address

564 W. JAMES LEE BLVD.
CRESTVIEW FL 32536

564 W. JAMES LEE BLVD.
CRESTVIEW FL 32536-5102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKATES, ELAINE
564 W. JAMES LEE BLVD.
CRESTVIEW FL 32536

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.

SIGNATURE

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
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

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SKATES, J R | |
| STREET ADDRESS | 5783 RAY ST | |
| CITY-ST-ZIP | CRESTVIEW FL 32536 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LAWRENCE, C | |
| STREET ADDRESS | 4659 BROWNING CT | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | |
| TITLE | EVP | <input type="checkbox"/> Delete |
| NAME | LAWRENCE, B | |
| STREET ADDRESS | 4659 BROWNING CT | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | SKATES, E | |
| STREET ADDRESS | 5185 RAY ST | |
| CITY-ST-ZIP | CRESTVIEW FL 32536 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|---|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | 5183 Ray St | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | 4659 Brow | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | Crestview, FL 32539 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Elaine Skates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/00 (850) 682-4466
Daytime Phone #

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90008 006 ***150.00

C0003545



DO NOT WRITE IN THIS SPACE