

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036337

1. Entity Name

INVICTA ENTERPRISES, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90046 017 ***150.00

Principal Place of Business

10409 COPPERWOOD DR.
NEW PORT RICHEY FL 34654

Mailing Address

10409 COPPERWOOD DR.
NEW PORT RICHEY FL 34654

2. Principal Place of Business

7133 SILVERWOOD DRIVE

3. Mailing Address

7133 SILVERWOOD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

4. FEI Number

59-3441409

Applied For

Not Applicable

Zip

Country

34654

Zip

Country

34654

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

CLAPSON, PETER

10409 COPPERWOOD DR.

NEW PORT RICHEY FL 34654

Name

CLAPSON PETER

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

7133 SILVERWOOD DRIVE

City

NEW PORT RICHEY

FL

Zip Code

34654

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

Peter Clapson

PETER CLAPSON PRESIDENT

4.18.01

Signature, type 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, 2001 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 V
NAME CLAPSON, LINDA
STREET ADDRESS 10409 COPPERWOOD DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE V
NAME CLAPSON LINDA
STREET ADDRESS 7133 SILVERWOOD DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Peter Clapson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER CLAPSON

Date

4.18.01

Daytime Phone #

727.849.6700

CR2E034 (10/00)