

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089823

1. Entity Name
VICTORIA CENTER, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90469 030 ***150.00

Principal Place of Business

521 WILBUR ST.
BRANDON FL 33511

Mailing Address

521 WILBUR ST.
BRANDON FL 33511

2. Principal Place of Business

1520 BROOKER RD.
Suite, Apt. #, etc.

3. Mailing Address

1520 BROOKER RD.
Suite, Apt. #, etc.

City & State

BRANDON FLORIDA

City & State

BRANDON FLORIDA

Zip

33511

Country

USA

Zip

33511

Country

USA

4. FEI Number

59-3541992

Applied For

Not Applicable

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

REELE, BONNIE L DR.
1520 BROOKER RD.
BRANDON FL 33511

Name

JAMES ROBERT REELE

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

1520 BROOKER ROAD

City

BRANDON

FL

Zip Code

33511

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

James Reele

PRESIDENT / SECRETARY

3/10/01

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, 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 PS ☒ Delete
NAME REELEBONNIE,
STREET ADDRESS 1520 BROOKER RD.
CITY-ST-ZIP BRANDON FL 33511

TITLE PRESIDENT / SECRETARY ☒ Change ☒ Add
NAME JAMES R. REELE
STREET ADDRESS 1520 BROOKER RD.
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James Reele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01

Date

813-654-5252

Daytime Phone #

CR2E034 (10/00)