

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047057

1. Entity Name

VICTORY MOTORS CORPORATION OF PANAMA CITY

**FILED**  
Jun 06, 2000 8:00 am  
Secretary of State

04-21-2000 90047 046 \*\*\*150.00

Principal Place of Business

1213 W. 15TH ST.  
PANAMA CITY FL 32401

Mailing Address

1213 W. 15TH ST.  
PANAMA CITY FL 32401-2046

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

59-3578791

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

WILLIAMS, CURTIS  
2414 PRETTY BAYOU DR.  
PANAMA CITY FL 32405

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN/11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, CURTIS	
STREET ADDRESS	2414 PRETTY BAYOU DR.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CONTE, VICTOR	
STREET ADDRESS	3904 MILANO RD.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32405	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, LEROY	
STREET ADDRESS	5522 SCENIC DR.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randall Haynes	
STREET ADDRESS	7618 Whisperwood Dr.	
CITY-ST-ZIP	Panama City, FL. 32404	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dianne Haynes	
STREET ADDRESS	2414 Pretty Bayou Dr.	
CITY-ST-ZIP	Panama City, FL. 32404	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Williams	
STREET ADDRESS	2414 Pretty Bayou Dr.	
CITY-ST-ZIP	Panama City, FL. 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Curtis Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

522-1664  
(850) 769-8886

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