

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000093324

**Entity Name:** VICTOR'S BODY SHOP, INC.

**Current Principal Place of Business:**

4855 LENOX AVE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

2520 SPRING LAKE RD.  
JACKSONVILLE, FL 32210 US

**FEI Number: 59-3286971**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GUTIERREZ, LOURDES M  
2520 SPRING LAKE RD.  
JACKSONVILLE, FL 32210 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GUTIERREZ, LOURDE  
Address 4855 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title STD  
Name GUTIERREZ, LOURDES M  
Address 2520 SPRING LAKE RD.  
City-State-Zip: JACKSONVILLE FL 32210

Title T  
Name GUTIERREZ, ROBERT  
Address 2520 SPRING LAKE RD.  
City-State-Zip: JACKSONVILLE FL 32210

Title D  
Name GUTIERREZ, JR, VICTOR O  
Address 4855 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title S  
Name GUTIERREZ, ORLANDO L  
Address 6503 SILK LEAF LN  
City-State-Zip: JACKSONVILLE FL 32244

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LOURDES GUTIERREZ**

**OWNERR**

**01/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date