

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91749 022 \*\*\*150.00

DOCUMENT # PD1000061177  
1. Entity Name  
*The Scandinavian Connection Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*108 Corot Dr*  
Suite, Apt. #, etc.

3. Mailing Address  
*108 Corot Dr*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Nokomis FL*

City & State  
*Nokomis FL*

4. FEI Number  
*01-0631349*

Applied For  
 Not Applicable

Zip  
*34275*

Country  
*USA*

Zip  
*34275*

Country  
*USA*

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Scott Neary*

Street Address (P.O. Box Number is Not Acceptable)  
*3277 Beneva Rd*

City  
*Sarasota* FL Zip Code  
*34232*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$81.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*CEO  
James Mast (CEO) \**  
*108 Corot Dr  
Nokomis FL 34275*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*President  
Bernilla Mast (President) \**  
*108 Corot Dr  
Nokomis FL 34275*

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)(b), 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 legal heir or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE: *James Mast*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*05/13/2002* (941) 918-1269  
Date Daytime Phone #

CR2E034B (12/01)

Attachment  
Document #

7/3/02

PO1000061177

To whom it may concern,

37974

Dear Madam/Sir, Please note I have enclosed copies of the letter

received from your agency as well as the copy of the uniform business report with the requested information (*highlighted in yellow*) inserted in the appropriate spaces. Also, we just received this notification on June 30 as we have been out of the country for the past three weeks. I am mailing this on July 3rd, it is my understanding this will comply with your request that we respond within 30 days thus avoiding any late fees. I spoke with Matt at your agency and he indicated this was the most appropriate course of action. Thank you for time. Sincerely,

James Mast