

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90210 041 \*\*\*150.00

0569298 AV

**DOCUMENT # 506279**

1. Entity Name  
**SOUTHEAST VIKING CO., INC.**



Principal Place of Business  
**7220 WEST WOOD WAY  
SARASOTA FL 34241  
US**

Mailing Address  
**7220 WEST WOOD WAY  
SARASOTA FL 34241  
US**



2. Principal Place of Business  
**7220 Westwood Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**7220 Westwood Way**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**SARASOTA FL.**  
Zip  
**34241**  
Country  
**USA**

City & State  
**SARASOTA FL.**  
Zip  
**34241**  
Country  
**USA**

4. FEI Number **59-1673748**  
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

**SUTCHIFFE, RUSSELL A  
7220 WESTWOOD WAY  
SARASOTA FL 34241**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>SUTCLIFFE, RUSSELL A</b> <b>7220 WESTWOOD WAY</b> <b>SARASOTA, FL 00000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-14-03**  
Date Daytime Phone #

CR2E034 (10/02)

attachment

90136507

#506279

SOUTHEAST VIKING COMPANY, INC..  
7220 Westwood Way  
Sarasota, FL 34241-9415

May 12, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500  
Attn: Andy Dunlap

Dear Mr. Dunlap:

Enclosed please find a check in the amount of \$150.00 payable to Florida Department of State.

Due to the fact that these papers were sent to the wrong address we were unable to make the May 1, 2003 deadline. Please have someone in your office change the address in your computers to read Westwood Way (one word) instead of West Wood Way (two words).

Thanking you in advance.

Sincerely,

Russell A. Sutcliffe  
Southeast Viking Company, Inc.

RAS/dp  
Enclosures