

2002 UNIFORM BUSINESS REPORT (UBR)

0007175 AT

DOCUMENT # A00000000256

1. Entity Name
BUD VIKING LIMITED

FILED

LF

02 APR 25 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
23 BAYSHORE DRIVE
C/O GEORGE E. DAY SR.
SHALIMAR FL 32579-2116

Mailing Address
23 BAYSHORE DRIVE
C/O GEORGE E. DAY SR.
SHALIMAR FL 32579-2116

2. Principal Place of Business
Same as above

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number 47-8209773

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAY, GEORGE E SR.
23 BAYSHORE DRIVE
SHALIMAR FL 32579-2116

7. Name and Address of New Registered Agent

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$760,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$760,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	DAY, GEORGE E SR.
NAME	23 BAYSHORE DRIVE
STREET ADDRESS	SHALIMAR FL 32579-2116
CITY-ST-ZIP	
DOCUMENT #	DAY, DORIS M
NAME	23 BAYSHORE DRIVE
STREET ADDRESS	SHALIMAR FL 32579-2116
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	500005419775--6
CITY-ST-ZIP	05/01/02 01087-020
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: George E. Day Sr. **GEORGE E. DAY, SR.** 4/1/'02 (850) 243-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CP2E003 (9/01)