

2002 UNIFORM BUSINESS REPORT (UBR)

0019293 AB

DOCUMENT # B00000000156

1. Entity Name
VIKING EQUITIES, L.P.

FILED

02 FEB 28 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4102 WHITEWATER CREEK BLVD.
ATLANTA GA 30327

Mailing Address
POST OFFICE BOX 725589
ATLANTA GA 31139

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 58-1504508 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

WHITMAN, HOWE D
1400 GRASSLANDS BLVD., UNIT 37
LAKELAND FL 33803

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]* 2/20/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$44,048.00 10. Amount of Capital Contributions in FLORIDA to date. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # F00000000146
NAME HERITAGE EQUITIES INCORPORATED
STREET ADDRESS 4102 WHITEWATER CREEK BLVD.
CITY-ST-ZIP ATLANTA GA 30327

STREET ADDRESS
CITY-ST-ZIP 100005041911--7
-03/04/02--01116--001

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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: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/20/02 404-841-0405
Date Daytime Phone #

CR2E003 (9/01)