

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90827 001 ***300.00

0623336
 AT

DOCUMENT # F01000002137

1. Entity Name

THE VIKINGS STORES, INC.

Principal Place of Business

Mailing Address

**1025 NORTHPARK DRIVE
 RIDGELAND MS 39157**

**1025 NORTHPARK DRIVE
 RIDGELAND MS 39157**

2. Principal Place of Business

1401 Hwy 13 N

3. Mailing Address

PO Box 868

Suite, Apt., etc.

Suite, Apt., etc.



DO NOT WRITE IN THIS SPACE

City & State

Columbia, MS

City & State

Columbia, MS

4. FEI Number

Applied For

☒ Not Applicable

Zip

39429

Country

USA

Zip

39429

Country

USA

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PCD
 JONSSON, TRYGGVI
 C/O BAUGUR, SKUTUVOGUR 7
 104 REYKJAVIK, ICELAND** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 JOHANNESSON, JON A
 C/O BAUGUR, SKUTUVOGUR 7
 104 REYKJAVIK, ICELAND** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 SCHAFER, JIM
 C/O BONUS STORES, 2520 W. HIGHWAY 44
 DELAND FL 32720** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy Heyl (CFO) 3/18/02 601-444-0400

Date

Daytime Phone #

CR2E034 (9/01)