

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-23-2002 90080 018 *****55.00

DOCUMENT # L01000009244

1. Entity Name

VIKING SERVICES GROUP, LLC

Principal Place of Business

1080 MEADOWBROOK ROAD, N.E.
PALM BEACH FL 32905

Mailing Address

1080 MEADOWBROOK ROAD, N.E.
PALM BEACH FL 32905

2. Principal Place of Business

6050 BABCOCK ST #3

3. Mailing Address

PO BOX 60508

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

City & State

PALM BAY FL

City & State

PALM BAY FL

Zip

32909

Country

Zip

32906

Country

4. FEI Number

593724164

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TORPY, RICHARD E
202 N HARBOR CITY BLVD., STE 300
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name **SALBOL, SOREN H**
 Street Address (P.O. Box Number is Not Acceptable)
1400-102 SHEAFE AVE
 City **PALM BAY FL** Zip Code **32905**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	# SOREN H. SALBOL	
STREET ADDRESS	1400-102 SHEAFE AVE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	BENTE SALBOL	
STREET ADDRESS	1400-102 Sheafe Ave	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	CEO Secretary	<input type="checkbox"/> Delete
NAME	Thomas W. Lawler Sr.	
STREET ADDRESS	1080 Meadowbrook Rd	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SALBOL **JAN 15, 2002** **725 4280**
 (321)

CP2E083 (9/01)