

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000009244

1. Entity Name

VIKING SERVICES GROUP, LLC



FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90148 044 ****55.00

Principal Place of Business

**6050 BABCOCK ST
#3
PALM BAY FL 32909**

Mailing Address

**PO BOX 60508
PALM BAY FL 32906**

30042807



2. Principal Place of Business

4690 LIPSCOMB ST

3. Mailing Address

PO BOX 60508

Suite, Apt. #, etc.

#11

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

4. FEI Number **59-3724164**

Applied For

Not Applicable

Zip

32905

Country

USA

Zip

Country

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 **Soren H. Salbol**

Street Address (P.O. Box Number is Not Acceptable)

4320 Swanna Dr.

City **Melbourne**

FL

Zip Code

32901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	SALBOL, SOREN H	
STREET ADDRESS	1400-102 SHEAFE AVE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALBOL, BENTE	
STREET ADDRESS	1400-102 SHEAFE AVE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAWLER SR, THOMAS W	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salbol, Soren H	
STREET ADDRESS	4320 Swanna Dr	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salbol, Bente	
STREET ADDRESS	4320 Swanna Dr	
CITY-ST-ZIP	Melbourne, FL 32901	
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		
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 REQUIRED

3-14-03

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

Date

Daytime Phone #

CR2E083 (10/02)