

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001399

1. Entity Name  
VIKING TECHNOLOGIES, L.C.

Principal Place of Business  
1500 INDEPENDENCE BOULEVARD  
SARASOTA FL 34234

Mailing Address  
1500 INDEPENDENCE BOULEVARD  
SARASOTA FL 34234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0901746

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLER, JEFFREY B  
2201 CANTU COURT, UNIT #116  
SARASOTA FL 34232

Name Jeffery B. Moler

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

1500 Independence Blvd

City Sarasota

FL

Zip Code 34234

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 *J.B. Moler*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME MOLER, JEFFREY B  
STREET ADDRESS 2201 CANTU COURT, UNIT #116  
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

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

TITLE MGR  
NAME MOLER, CHRISTINE H  
STREET ADDRESS 2201 CANTU COURT, UNIT #116  
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

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

TITLE MGR  
NAME LUBIENSKI, MARK  
STREET ADDRESS 20416 HARPER AVENUE  
CITY-ST-ZIP HAPER WOODS MI 48225 ☐ Delete

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

TITLE MGR  
NAME BIBER, MICHAEL J  
STREET ADDRESS 2701 TROY CENTER DRIVE, SUITE 400  
CITY-ST-ZIP TROY MI 48084 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *J.B. Moler*

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

Date

Daytime Phone #

4/6/01 (941) 358-7976



DO NOT WRITE IN THIS SPACE

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA