

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M81947

1. Entity Name

SOUTHERN VIKING, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90188 022 ***150.00

Principal Place of Business

Mailing Address

1020 GOODLETTE RD
STE. 200
NAPLES FL 34102
US

1020 GOODLETTE RD
STE. 200
NAPLES FL 34101-0608
US

2. Principal Place of Business

3. Mailing Address

1140 GOODLETTE RD.

P.O. Box 10608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34102

Country

USA

Zip

34101

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0558651

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

OLSON, CLIFFORD A.
1020 GOODLETTE RD
SUITE 200
NAPLES FL 34102

Name

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

1140 GOODLETTE ROAD

NAPLES

City

FL

Zip Code

34102

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, 2000 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 ☐ Delete
NAME DP
STREET ADDRESS OLSON, CLIFFORD A.
CITY-ST-ZIP 1020 GOODLETTE RD SUITE 200
NAPLES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1140 GOODLETTE RD.
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-00

941-261 2627

CR2E034 (9/99)