2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

M81947 **DOCUMENT #**

1. Entity Name

SOUTHERN VIKING, INC.



Mar 20, 2003 8:00 am Secretary of State **FILED**

03-20-2003 90129 038 ***150.00

Principal Place of Bu 1164 GOODLETTE RU NAPLES FL 34102 US		Mailing Address PO BOX 10608 NAPLES FL 34101 US						
2. Principal Place of Business		3. Mailing Address		- I 18810011 301 18181 18050 10111 01011 1883 91831 01011 01011 01011 01011 01011 01011				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 65-0558651	Applied For Not Applicable			
Zip	Country	Zip	Country		8.75 Additional ee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
OLSON, CLIFFO 1164 GOODLET NAPLES FL 341	TE RD		Street Add	s (P.O. Box Number is Not Acceptable) FL Zip Code				
the obligations of	d entity submits this statement for f registered agent. re, typed or printed name of registered agent a		registered office or re	egistered agent, or both, in the State of Florida. I am fa	millar with, and accept			
FILE N After May	IOW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 able to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE DP OLSO	ON, CLIFFORD A.	☐ Delete	TITLE NAME		☐ Change ☐ Addition			

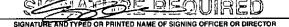
	k Payable to Florida Department of State				Trust Fund Contribution.	∐ Added	to Fees
10.	OFFICERS AND DIRECTOR	RS .	11.	AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE NAME STRIFT ADDRESS CITY-ST-ZIP	DP OLSON, CLIFFORD A. 1164 GOODLETTE RD NAPLES FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



3-17-03