2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076102

1. Entity Name

VIKING MARINA INC.

Principal Place of Business	Mailing Address
3950 PINE ISLAND RD.	P.O. BOX 150970
MATLACHA FL 33909	CAPE CORAL FL 33915-0970

2. Principal Place of Business	3. Mailing Address P.O. Box 188
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Matlacha FL. 33993-0188
Zip Country	Zip Country Lee

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-06-2001 90063 013 ***158.75

38577

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1032058

☐ 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
OREBECH, EVEN	Name EVEN OREBECH
5125 YORK CT P.O. Box 188	Street Address (P.O. Box Number is Not Acceptable)
CAPE CORAL FL 33904 Matlacha, Fl. 33993-0188	PO BOX 188
Street 11473 May St Matlacha, FL. 33993-0188	City MATLACHA FL Zip Code 33993-0188

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 _X Even Orebech_

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, 2001 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	D	☐ Delete	TITLE	EVEN OREBECH	☑ Change ☐ Addition
NAME	OREBECH, EVEN		NAME	PO BOX 188	
STREET ADDRESS	P.O. BOX 150970		STREET ADDRESS	CAPE CORAL FL 33993-0188	
CITY-ST-ZIP	CAPE CORAL FL 33915		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Street: 11473 May St.	☐ Change ☐ Addition
NAME			NAME	Matlacha, FL. 33993-0188	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: _X Even Orebech_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #