

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00396

1. Entity Name

VIKING OF INDIANA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90113 016 ***150.00

Principal Place of Business

Mailing Address

R.R. #9
P.O. BOX 130
COLUMBIA CITY IN 46725

R.R. #9
P.O. BOX 130
COLUMBIA CITY IN 46725-0130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1051586**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MCSWIGAN, JAMES A.
505 S. FLAGLER DR. STE 600
W. PALM BEACH FL 33401-2903

Name
Florida Lawdock, Inc.
Street Address (P.O. Box Number is Not Acceptable)
c/o Quarles & Brady
222 Lakeview Avenue, Suite 400
City **West Palm Beach** **FL** Zip Code **33401-6183**

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.

Florida Lawdock, Inc.

SIGNATURE

By: *Susan Lapinski, Asst. Secy*

4/11/00

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 **PD**
STREET ADDRESS **SCHWENN, MARY**
CITY-ST-ZIP **P.O. BOX 130 R. R. #3, N/A**
COLUMBIA CITY IN

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

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **SCHWENN, DONALD A.**
CITY-ST-ZIP **P.O. BOX 130 R. R., ##, N/A**
COLUMBIA CITY IN

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LETTENBERGER, PETER J.**
CITY-ST-ZIP **411 E WISCONSIN AVE.**
MILWAUKEE WI

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **SCHWENN, STEVEN M**
CITY-ST-ZIP **P.O. BOX 130 R.R. #3, N/A**
COLUMBIA CITY IN 46725

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Susan Lapinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00 219-244-6141

CR2E034 (9/99)