

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90140 008 ***150.00

DOCUMENT # P 93000001040
1. Entity Name
SCANDINAVIAN DESIGN & CONSTRUCTION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3797 LAKEWOOD ROAD
Suite, Apt. #, etc.
SUITE 1

3. Mailing Address
3797 LAKEWOOD ROAD
Suite, Apt. #, etc.
SUITE 1

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

Zip
33461

Country
USA

Zip
33461

Country
USA

4. FEI Number
65-0378739

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MAKI TOIVO J.

Street Address (P.O. Box Number is Not Acceptable)
3797 LAKEWOOD ROAD

City
LAKE WORTH FL Zip Code
33461

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  **TOIVO MAKI D** **04-22-2002**

Signature, typed or printed name of registered agent and the fee 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAKI TONO J. D. 3797 LAKEWOOD RD LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAKI MARJA-LEENA VD 3797 LAKEWOOD RD LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAKI HIRO J. T, S 3797 LAKEWOOD RD LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like information.

SIGNATURE:  **TOIVO MAKI D** **04-22-2002** **561-315-7249**

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

CR2E034B (12/01)