

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90166 042 ***150.00

0421319 AV

DOCUMENT # **P93000001040**

1. Entity Name
SCANDINAVIAN DESIGN & CONSTRUCTION, INC.



Principal Place of Business
**3797 LAKEWOOD RD
LAKE WORTH FL 33461
US**

Mailing Address
**3797 LAKEWOOD RD
LAKE WORTH FL 33461
US**



2. Principal Place of Business

3. Mailing Address

602 NORTH G STREET

602 NORTH G STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D

D

City & State

City & State

LAKE WORTH, FL

LAKE WORTH, FL

Zip

Country

Zip

Country

33460

USA

33460

USA

4. FEI Number

65-0378739

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAKI, TOIVO J
3797 LAKEWOOD RD
LAKE WORTH FL 33461**

Name

MAKI, TOIVO J

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

3883 AUGUST DRIVE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

TOIVO MAKI

4/21/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 Delete
NAME **D MAKI, TOIVO J**
STREET ADDRESS **3797 LAKEWOOD RD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD MAKI, MARIA-LEENA**
STREET ADDRESS **3797 LAKEWOOD RD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T MAKI, IIRO J**
STREET ADDRESS **3797 LAKEWOOD ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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
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
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2003

Date

(561) 432-0123

Daytime Phone #

CR2E034 (10/02)