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

## P93000037004 DOCUMENT #

1. Entity Name SCANDINAVIAN COVERS, INC.



## **FILED** Apr 21, 2003 8:00 am \$ Secretary of State ...

04-21-2003 90321 023 \*\*\*150.00

						600 WE 180					
Principal Pla	ice of Business		Mailir	ng Address							
2716 FORSYTH RD			2716 FORSYTH RD								
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WINTER PARK FL 32792			WINTER PARK FL 32792					L P <b>ar</b> io <b>na</b> e el l'indun acide du la company de l'est d	<b>era</b> irini n <b>aa</b> n aan	1 8 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
US			US								
2. Principal Place of Business			3. Mailing Address						ELES IIIAT IŞAK BELI	I BURNIT BIAN NUUN	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				$\dashv$	CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	FEI Number 59-3179218	— ⊢—	pplied For	]	
Zip Country			Zip Cou			,	5. Certificate of Status Desired Status Desired Status Desired				1
6. Name and Address of Current			Registered Agent			Fee Required					1
	o. Haille al	id Address of Carrell	negister	ed Ageni		Name	7.	Name and Address of New Register	ed Agent		┨
FAZECAS, MIHAI				المعاد ال			ورساهم دموري	The section of the stage of the section of the section of			
	rsyth RD sti	107		Street Addres			s (P.O. Box Number is Not Acceptable)				•
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MINTER	PARK FL 3279	2							•		
						City		_	Zip Cod		
8. The above	e named entity s	ubmits this statement fo	r the purp	oose of changing its	registered	office or regist	ered ag	gent, or both, in the State of Florida. I	am familiar with	and accept	ĺ
the obligation	tions of registere	d agent.									
SIGNATURE											
· ·	Signature, typed or p	rinted name of registered agent	and title if app	olicable. (NOTE	: Registered Ag	gent signature requir	red when re	reinstating) DA	TE		
F	ILE NOW!!!	FEE IS \$159.00									1
		Fee will be \$550.00						9. Election Campaign Financing		<b>00</b> May Be	-
Make Čheci	k Payable to F	orida Department o	f State					Trust Fund Contribution.	☐ Adde	d to Fees	
10.		OFFICERS AND					ΑΓ	L DDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	R IN 11	┨
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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 they will have the empowered. SIGNATURE: