

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052785

1. Entity Name

SCANDINAVIAN BOILER SERVICE, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90046 016 \*\*\*150.00

Principal Place of Business

3200 S ANDREWS AVE  
STE 204  
FT LAUDERDALE FL 33316  
US

Mailing Address

3200 S ANDREWS AVE  
STE 204  
FT LAUDERDALE FL 33316-4122  
US

2. Principal Place of Business

512 SE 32 Street

Suite, Apt. #, etc.

3. Mailing Address

512 SE 32 Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0598375

Applied For

Not Applicable

Zip

Country

33316

USA

Zip

Country

33316

USA

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

NIELSEN, KEN E  
9511 BELAIRE DRIVE  
MIRAMAR FL 33025

Name

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

City

FL

Zip Code

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
NIELSEN, KEN E  
9511 BELAIRE DRIVE  
MIRAMAR FL 33025 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BRIXEN, HENRIK  
703 GARDENS DR. #202  
POMPANO BEACH FL 33069 ☐ Delete

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00 954763-7370

CR2E034 (9/99)