

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90054 040 \*\*\*150.00

**DOCUMENT # P96000101571**

1. Entity Name  
**VIKING POOLS SOUTHEAST, INCORPORATED**



Principal Place of Business  
**155 VALENCIA DR  
OAK HILL FL 32759  
US**

Mailing Address  
**PO BOX 119  
OAK HILL FL 32759  
US**

**90006911**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3411128**

Applied For

Not Applicable

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

**PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH FL 32114**

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

SIGNATURE

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 **DC** ☐ Delete  
NAME **LEES, GEORGE**  
STREET ADDRESS **3540 JOHN ANDERSON**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **DPST** ☐ Delete  
NAME **EDMONSON, FLYNN**  
STREET ADDRESS **807 N ANDERSON STREET**  
CITY-ST-ZIP **BUNNELL FL 32110**

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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STREET ADDRESS  
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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 of Flynn Edmonson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-03 1-386-345-3500**

Date

Daytime Phone #

CP2E034 (10/02)

Attachment # P96000101571 90006911

**McGHIN, CALHOUN AND SUNDEMAN, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS  
100 ARRICOLA AVENUE  
ST. AUGUSTINE, FLORIDA  
32080-4515

EDWARD N. CALHOUN, C.P.A.  
JOHN SUNDEMAN, C.P.A.

TELEPHONE 824-2881  
AREA CODE 904  
FAX 824-2715

JILL S. ATWOOD, C.P.A.

TO: NAME: Viking Pools Southeast, Inc.

ADDRESS: P.O. Box 119

CITY/STATE/ZIP: Oak Hill, FL 32759-0119

DATE: January 10, 2003

**ENCLOSED IS YOUR 2003 UNIFORM BUSINESS REPORT FORM:**

1. Please review the report for accuracy of preprinted information.

Type or print any changes in spelling, names, or addresses in the areas provided.

If you are changing your "Registered Agent," the new registered agent must sign at Item #8.

2. Sign and date the report at Item #12.

3. Enclose a check in the amount of \$150.00 payable to "Florida Department of State" and mail prior to May 1, 2003.

**IF THE FORM IS NOT MAILED PRIOR TO MAY 1, 2003, THE FEE WILL BE INCREASED TO \$550.**

4. Please call if you have any changes.