

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013258			
1. Entity Name VIKING CLASSICS, INC.			
Principal Place of Business 2253 WASHINGTON BLVD. #11 6-8 SARASOTA, FL 34234 US		Mailing Address P.O. BOX 3229 SARASOTA, FL 34230 US	
2. Principal Place of Business 2744 Leonard Reid Ave		3. Mailing Address Same	
City & State Sarasota, FL		City & State	
Zip 34234		Country Sarasota	
4. FEI Number 59-3435469		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent IVARSSON, CHERI J 3218 PATTON ST. SARASOTA, FL 34235		7. Name and Address of New Registered Agent 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 date if applicable. (NOTE: Registered Agent signature required when assisting) DATE _____			
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 NAME STREET ADDRESS CITY-STATE-ZIP P IVARSSON, C. LENNART 3218 PATTON ST. SARASOTA, FL 34235 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP D IVARSSON, CHERI J 3218 PATTON ST. SARASOTA, FL 34235 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
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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 807, 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		Date 4-29-03 Daytime Phone #	

11030061



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)