

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091512

1. Entity Name

VIKTARA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90035 008 ***158.75

Principal Place of Business

Mailing Address

230 W 15TH ST
 PANAMA CITY FL 32401

230 W 15TH ST
 PANAMA CITY FL 32401-2231

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

59-3490319

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

MCKEON, JAMES
 400 PICKENS AVE
 SUITE 110
 PENSACOLA FL 32503

Name

CAROTHERS, Roberta L.

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

7805 Highway 2311

City

Panama City

FL

Zip Code

32404

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.

Roberta L. Carothers / Roberta L. Carothers

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2000

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 PD
 NAME CAROTHERS, ROBERTA L.
 STREET ADDRESS 230 W 15TH ST
 CITY-ST-ZIP PANAMA CITY FL 32401

☐ Delete

TITLE VP
 NAME MCKEON, JAMES
 STREET ADDRESS 400 PICKENS AVE, SUITE 110
 CITY-ST-ZIP PENSACOLA FL 32503

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE PD
 NAME CAROTHERS, Roberta L.
 STREET ADDRESS 7805 Highway 2311
 CITY-ST-ZIP Panama City, FL 32404

☒ Change ☐ Addition

☐ Change ☐ Addition

TITLE
 NAME
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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

Roberta L. Carothers

Date

4/26/2000

Daytime Phone #

(850)

522-1175

CR2E034 (9/99)