

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

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90121 012 \*\*\*150.00

DOCUMENT # P9800002015

1. Entity Name

VIKING TECHNICAL SERVICES



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

105 EAST PARK CRESCENT

3. Mailing Address

105 EAST PARK CRESCENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CELEBRATION, FL

City & State

CELEBRATION, FL

4. FEI Number

59-3499175

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

34747

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LINDA ANDRADE

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

105 EAST PARK CRESCENT

City

CELEBRATION

**FL**

Zip Code

34747

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

Linda Andrade

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-3-05

DATE

January 1 - May 1 Fee is: \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	LINDA ANDRADE	105 EAST PARK CRESCENT	CELEBRATION, FL - 34747

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Andrade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-05 321-939-1167

Date

Daytime Phone #

CR2E034B (12/02)