2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/4/2003-90068-026-$550.00-$550.00

FILED
03 OCT 20 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020415

1. Entity Name
VIKING TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
431 PALM ISLAND N.E. CLEARWATER FL 34630	431 PALM ISLAND N.E. CLEARWATER FL 34630

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1322 SEAGATE DR	1322 SEAGATE DR
Suite, Apt. #, etc. #103	Suite, Apt. #, etc. #103
City & State PALM HARBOR, FL	City & State PALM HARBOR, FL
Zip / Country 34685 / USA	Zip / Country 34685 / USA

4. FEI Number 59-3499175 ☐ 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
ANDRADE, LINDA 431 PALM ISLAND N.E. CLEARWATER FL 34630	Name: LINDA ANDRADE Street Address (P.O. Box Number is Not Acceptable): 1322 SEAGATE DR #103 City: PALM HARBOR FL Zip Code: 34685

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 9/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDRADE, LINDA 431 PALM ISLAND N.E. CLEARWATER FL 34630	☐ Delete	PRESIDENT ANDRADE, LINDA 1322 SEAGATE DR. #103 PALM HARBOR, FL. 34685	☒ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	10/22	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

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 REQUIRED Linda Andrade 10/16/2003
Linda Andrade 9/24/03 813-230-4893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/03)