

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91335 016 ***150.00

00053985

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Entity Name <u>P99000073428</u> VIKING ACQUISITION GROUP, INC.																																																																					
Principal Place of Business 28050 US Highway 19 N. Suite 205 Clearwater, FL 33761		Mailing Address 28050 US Highway 19 N. Suite 205 Clearwater, FL 33761																																																																			
2. Principal Place of Business 2627 McCormick Drive Suite, Apt. #, etc. Suite 102 City & State Clearwater, FL Zip 33759 Country U.S.		3. Mailing Address 2627 McCormick Drive Suite, Apt. #, etc. Suite 102 City & State Clearwater, FL Zip 33759 Country U.S.																																																																			
4. FEI Number 59-3592843		Applied For <input type="checkbox"/> Not Applicable																																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																					
6. Name and Address of Current Registered Agent Love, Louanne S. 2700 Bayshore Blvd., Unit 528 Dunedin, FL 34698		7. Name and Address of New Registered Agent Name James A. Staack Street Address (P.O. Box Number is Not Acceptable) 121 N. Osceola Avenue Second Floor City Clearwater FL Zip Code 33755																																																																			
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 <u>[Signature]</u> <u>JAMES A. STAACK</u> <u>05/19/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>																																																																					
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State																																																																			
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;">P/D Louanne S. Love</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS CITY-ST-ZIP</td> <td>2800 Bayshore Blvd., Unit 528 Dunedin, FL 34698</td> <td></td> </tr> <tr><td>TITLE NAME</td><td></td><td><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE NAME</td><td></td><td><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE NAME</td><td></td><td><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE NAME</td><td></td><td><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE NAME</td><td></td><td><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS CITY-ST-ZIP</td><td></td><td></td></tr> </table> </div> <div style="width: 48%;"> 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;">P/D Ira Waitz</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS CITY-ST-ZIP</td> <td>2627 McCormick Drive, Suite 102 Clearwater, FL 33759</td> <td></td> </tr> <tr><td>TITLE NAME</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE NAME</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE NAME</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td>TITLE NAME</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS CITY-ST-ZIP</td><td></td><td></td></tr> </table> </div> </div>				TITLE NAME	P/D Louanne S. Love	<input checked="" type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	2800 Bayshore Blvd., Unit 528 Dunedin, FL 34698		TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP			TITLE NAME	P/D Ira Waitz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP	2627 McCormick Drive, Suite 102 Clearwater, FL 33759		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP		
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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 an other like empowered.																																																																					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																					
<small>Date Daytime Phone #</small>																																																																					

CR2E034 (1/100)