

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101419

1. Entity Name

SCANDINAVIAN QUALITY CONSTRUCTION COMPANY

Principal Place of Business

417 BROADWAY AVENUE
ORLANDO FL 32803

Mailing Address

417 BROADWAY AVENUE
ORLANDO FL 32803-5803

2. Principal Place of Business

4443 FAIRVIEW AVE

3. Mailing Address

4443 FAIRVIEW AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32804

Country

Zip

32804

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, SCOTT G
250 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLM, LAUST	
STREET ADDRESS	NATALVEJ 42	
CITY-ST-ZIP	2770 KASTRUP DENMARK	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLM, IOULIA	
STREET ADDRESS	NATALVEJ 42	
CITY-ST-ZIP	2770 KASTRUP DENMARK	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENNINGTON, DAVID	
STREET ADDRESS	417 BROADWAY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20-3-2000 011 4532949455

Date

Daytime Phone #

03-22-2000 90061 033 ***150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 12 PM 1:56

C0042818



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

December 6, 2000

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

SCANDINAVIAN QUALITY CONSTRUCTION COMPANY
Laust Holm
417 Broadway Ave
Orlando FL 32803

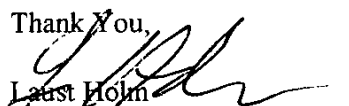
RE: DOCUMENT # P99000101419

Dear Ms. Katherine Harris,

I sent in my annual report/uniform business report form with payment around the June time frame. I did not receive the rejected form back from you. The State of Florida did, cash my check.

I would like to complete the form and return it to you as soon as you can send me one.

Thank You,


Laust Holm
417 Broadway Ave
Orlando Florida 32803-5603