

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90307 012 \*\*\*150.00

**DOCUMENT # P99000101419**

1. Entity Name

**SCANDINAVIAN QUALITY CONSTRUCTION COMPANY.**

Principal Place of Business

Mailing Address

4443 FAIRVIEW AVE  
 ORLANDO FL 32804

4443 FAIRVIEW AVE  
 ORLANDO FL 32804

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 **APPLIED FOR**

**59-3672316**

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

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

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLM, LAUST</b>	
STREET ADDRESS	<b>NATALVEJ 42</b>	
CITY-ST-ZIP	<b>2770 KASTRUP DENMARK</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLM, IOULA</b>	
STREET ADDRESS	<b>NATALVEJ 42</b>	
CITY-ST-ZIP	<b>2770 KASTRUP DENMARK</b>	
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
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: **LAUST HOLM** *L Holm*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**13-2-2001** **407 539 2583**  
 Date Daytime Phone #

CR2E094 (10/00)