

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V34360**

1. Entity Name

**SCANDINAVIAN SOUTH MARINE CORPORATION****FILED****Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90019 001 \*\*\*150.00

Principal Place of Business

9550 REGENCY SQ. BLVD.  
SUITE 1107  
JACKSONVILLE FL 32225

Mailing Address

9550 REGENCY SQ. BLVD.  
SUITE 1107  
JACKSONVILLE FL 32225-8175

00003300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3121171**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LINDEBACK, MAGNUS  
9550 REGENCY SQUARE BLVD. SUITE 1120  
JACKSONVILLE FL 32225Name **Magnus B. Lindeback**  
Street Address (P.O. Box Number is Not Acceptable)  
**9550 Regency Sq Blvd**  
**Suite 1107**  
City **Jacksonville** FL **32225**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **LINDEBACK, MAGNUS**  
STREET ADDRESS **1901 1ST ST 402**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**TITLE **DP** ☒ Change ☐ Add  
NAME **LINDEBACK, MAGNUS**  
STREET ADDRESS **9550 Regency Sq Blvd Suite 1107**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**TITLE **DV** ☐ Delete  
NAME **WILEY, KATHLEEN E**  
STREET ADDRESS **2818 MADRID ST**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL**TITLE ☐ Change ☐ Add  
NAME  
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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

Date

Daytime Phone #