

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90043 031 ***150.00

DOCUMENT # V34360

1. Entity Name
SCANDINAVIAN SOUTH MARINE CORPORATION



Principal Place of Business
**9550 REGENCY SQ. BLVD.
SUITE 1107
JACKSONVILLE FL 32225**

Mailing Address
**9550 REGENCY SQ. BLVD.
SUITE 1107
JACKSONVILLE FL 32225**

22004668



2. Principal Place of Business

5860-2 William Mills St

3. Mailing Address

PO BOX 28639

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number **59-3121171**

Applied For
Not Applicable

Zip **32226** Country **DUVAL**

Zip **32226** Country **DUVAL**

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 1107
JACKSONVILLE FL 32225**

Name **Kathleen E Wiley**

Street Address (P.O. Box Number is Not Acceptable)
5860-2 William Mills St

City **Jacksonville FL** Zip **32226**

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, the registered agent.

SIGNATURE **Chatt Reilly**
Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

2/3/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
**DP
LINDEBACK, MAGNUS
9550 REGENCY SQ BLVD SUITE 1107
JACKSONVILLE FL 32225** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO BOX 28639
JACKSONVILLE FL 32226** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
WILEY, KATHLEEN E
3276 ST. JOHNS BLVD.
JACKSONVILLE BEACH FL 32250** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/3/03** Daytime Phone # **757-1170**

CR2E034 (10/02)