

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90169 027 \*\*\*150.00

**DOCUMENT # P02000003731**

**1. Entity Name**  
**TURBEC AMERICAS, INC.**



**Principal Place of Business**  
**215 CELEBRATION PLACE, SUITE 500**  
**CELEBRATION FL 34747**

**Mailing Address**  
**215 CELEBRATION PLACE, SUITE 500**  
**CELEBRATION FL 34747**

**10076279**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

*Box 21512*

Suite, Apt. #, etc.

*Box 21512*

City & State

*malmo Sweden*

City & State

*malmo*

**4. FEI Number**

*54-202 6896*

Applied For

☒ Not Applicable

Zip

*SE 20021*

Country

*Sweden*

Zip

*SE 20021*

Country

*Sweden*

**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**

~~REEDY, ROBERT~~  
~~215 CELEBRATION PLACE, SUITE 500~~  
~~CELEBRATION FL 34747~~

Name *CT Corporation System*  
Street Address (P.O. Box Number is Not Acceptable)  
*c/o CT Corporation System*  
*1200 South Pine Island Road*  
City *Plantation* FL Zip Code *33324*

**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 registered agent.**

**PETER F. SOUZA**  
**ASSISTANT SECRETARY**

*4/14/03*

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
*Anneli Sostrom*  
*CFO Secretary/Treas*  
*Box 21512*  
*malmo, Sweden*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
*Christer Tannander*  
*President*  
*Box 21512*  
*malmo, Sweden*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:**

**REQUIRED**

*4-8-03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)