

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90098 001 ***150.00

DOCUMENT # 655087

1. Entity Name
SWEDISH CLOGS, INC.

Principal Place of Business 320 STATE RD 16 ST. AUGUSTINE FL 32086-1048	Mailing Address 320 STATE RD 16 ST. AUGUSTINE FL 32086-1048
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2049653**

Applied For
 Not Applicable

Zip
32084

Country

Zip
32084

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

**JOHANSSON, PETER
 6786 CRESCENT COVE DR
 ST. AUGUSTINE FL ~~32084~~**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code **32086**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHANSSON, PETER 6786 CRESCENT COVE DR. ST. AUGUSTINE FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHANSSON, ANDERS 207 MAPLE RD ST. AUGUSTINE FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Peter Johansson

03/28/01

904 824-8844

Date Daytime Phone #

CR2E034 (10/00)