

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000484

1. Entity Name

VOLVO PENTA OF THE AMERICAS, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90004 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1300 VOLVO PENTA DR.  
CHESAPEAKE VA 23320

1300 VOLVO PENTA DR.  
CHESAPEAKE VA 23320-4691

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

13-3582115

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE FL 32301

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, 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	C	<input type="checkbox"/> Delete
NAME	JUFORS, STAFFAM	
STREET ADDRESS	5405 08	
CITY-ST-ZIP	GOTHENBURG SW	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TALL, HANS	
STREET ADDRESS	1300 VOLVO PENTA DR	
CITY-ST-ZIP	CHESAPEAKE VA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELMFELDT, HERBERT	
STREET ADDRESS	S 405 08	
CITY-ST-ZIP	GOTHENBURG SW	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, CLINT	
STREET ADDRESS	1300 VOLVO PENTA DR	
CITY-ST-ZIP	CHESAPEAKE VA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIDQVIST, PER	
STREET ADDRESS	5405 08	
CITY-ST-ZIP	GOTHENBURG SW	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JuFors, Staffan	
STREET ADDRESS	S 405 08	
CITY-ST-ZIP		
TITLE	Sr. Vice President & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernbring, Tomas	
STREET ADDRESS	1300 Volvo Penta DR.	
CITY-ST-ZIP	Chesapeake, VA 23320	
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:

Tomas Fernbring, Sr. Vice President & CFO

3/30/00

Date

257-436-5191

Daytime Phone #

CR2E034 (9/99)