

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003433

1. Entity Name

AVAC SYSTEMS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90019 033 ***150.00

Principal Place of Business

15680 KILMARNOCK DRIVE
 FORT MYERS FL 33912

Mailing Address

15680 KILMARNOCK DRIVE
 FORT MYERS FL 33912-2431

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

58-1604363

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

Name

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

City

FL

Zip Code

NORDLING, ULF
15680 KILMARNOCK DRIVE
FORT MYERS FL 33912

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

Ulf Nordling (Ulf E. Nordling), President

3/21/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	C STROM, HANS BRYGGVAGEN 16-18 S-117 84 STOCKHOLM, SWEDEN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC NORSTROM, HAKAN BRYGGVAGEN 16-18 S-117 84 STOCKHOLM, SWEDEN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NORDLING, ULF 15680 KILMARNOCK DR. FORT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THOMPSON, STEPHEN L 4229 PACES FERRY ROAD, N.W. ATLANTA GA 30339	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 full other like empowered.

SIGNATURE:

Ulf Nordling (Ulf E. Nordling)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2000

Date

(941) 768-3610

Daytime Phone #

CR2E034 (9/99)