

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002403

1. Entity Name

SOUTHEASTERN OIL & GAS CORPORATION

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90042 009 ***150.00

Principal Place of Business
PO BOX 15198
SARASOTA FL 34277

Mailing Address
PO BOX 15198
SARASOTA FL 34277-1198

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

65-0446411

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

~~MOST, MIKAEL~~
~~3299 GLENNA LANE~~
~~SARASOTA FL 34239~~

Name

KARL OLIVECRONA

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

2024 TANGLEWOOD DR

City

SARASOTA

FL

Zip Code

34239

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PC
OLIVECRONA, KARL
2024 TANGLEWOOD DRIVE
SARASOTA FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
TORNELL, CARL J
69TH AVENUE LOUIS LÉPOUTRE
BRUSSELS BE 34239 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHAIRMAN
ARNE LARSSON
STRANDVÄGEN 5B
STOCKHOLM, SWEDEN ☐ Change ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

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☐ Change ☐

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☐ Change ☐

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

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

Date

Daytime Phone #