

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002403

1. Entity Name
SOUTHEASTERN OIL & GAS CORPORATION

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90023 022 ***150.00

963924



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**PO BOX 15138
SARASOTA FL 34277**

Mailing Address
**PO BOX 15198
SARASOTA FL 34277**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0446411**

Applied For
Not Applicable

Zip Country

Zip 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

**OLIVECRONA, KARL
2024 TANGLEWOOD DR
SARASOTA FL 34239**

Name **KARL OLIVECRONA**
Street Address (P.O. Box Number is Not Acceptable)
2024 TANGLEWOOD DR
City **SARASOTA** 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 **KARL OLIVECRONA** **4/25/01**
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 **PC** ☐ Delete
NAME **OLIVECRONA, KARL**
STREET ADDRESS **2024 TANGLEWOOD DRIVE**
CITY-ST-ZIP **SARASOTA FL 34239**

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

TITLE **C** ☐ Delete
NAME **LARSSON, ARNE**
STREET ADDRESS **STRANDVAGEN 5B**
CITY-ST-ZIP **STOCKHOLM, SWEDEN**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 **KARL OLIVECRONA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/25/01** Daytime Phone #

CR2E034 (10/00)