

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000234

1. Entity Name  
LARS BOLANDER LTD., INC.

Principal Place of Business

LARS BOLANDER  
375 SOUTH COUNTY ROAD  
PALM BEACH FL 33480

Mailing Address

LARS BOLANDER  
375 SOUTH COUNTY ROAD  
PALM BEACH FL 33480

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

11-3100999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOLANDER, LARS  
375 SOUTH COUNTY ROAD  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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, 2002 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 PCD  
NAME BOLANDER, LARS  
STREET ADDRESS 375 SO COUNTY ROAD  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE STD  
NAME KALACHNIKOFF, NADEGE  
STREET ADDRESS 375 SO COUNTY RD  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE MD  
NAME FRED LUNTZ  
STREET ADDRESS 375 S COUNTY RD  
CITY-ST-ZIP PALM BCH FL 33480 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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 ☐ 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 an officer or trustee empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1.5-2002

Date

Daytime Phone #

561-882-2121

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90022 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)