

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001815

1. Entity Name

SAAB TRAINING INC.

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90058 008 ***150.00

Principal Place of Business

3050 TECHNOLOGY PKWY
STE 130
ORLANDO FL 32826
US

Mailing Address

3050 TECHNOLOGY PKWY
STE 130
ORLANDO FL 32826
US

00000443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 58-2310523

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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	P	☐ Delete
NAME	CLYDESDALE, ROBERT	
STREET ADDRESS	5217 RIVERHILL ROAD	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE	VP	☐ Delete
NAME	LINDGREN, JORGEN	
STREET ADDRESS	G ZILOS V.5/ S-554 48 JONKOPING	
CITY-ST-ZIP	SWEDEN	
TITLE	D	☒ Delete
NAME	ROBERTSON, HANS	
STREET ADDRESS	ASTRONOMGATAN 10/ S-554 48 JONKOPING	
CITY-ST-ZIP	SWEDEN	
TITLE	S	☒ Delete
NAME	TURRENTINE, J D	
STREET ADDRESS	342 NEW CANAAN ROAD	
CITY-ST-ZIP	WILTON CT 06897	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, S	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Ohlson, Johan	
STREET ADDRESS	Stensholmsvagen 20	
CITY-ST-ZIP	Huskvarna, Sweden SE 56185	
TITLE	D	☐ Change ☒ Addition
NAME	Stander, Hans	
STREET ADDRESS	Stensholmsvagen 20	
CITY-ST-ZIP	Huskvarna, Sweden SE 56185	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Jorgen Lindgren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 14, 2001 407-380-2425

CR2E034 (10/00)