

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006314

1. Entity Name

ROYAL SCANDINAVIA, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90296 041 ***158.75

Principal Place of Business

BAL HARBOUR SHOPS
9700 COLLINS AVE STE 149
BAL HARBOUR FL 33154
US

Mailing Address

140 BRADFORD DRIVE
WEST BERLIN NJ 08091

2. Principal Place of Business

ROYAL SCANDINAVIA, INC.

3. Mailing Address

140 BRADFORD DRIVE

Suite, Apt. #, etc.

140 BRADFORD DRIVE

Suite, Apt. #, etc.

City & State

WEST BERLIN, NJ

City & State

WEST BERLIN, NJ

Zip

08091

Country

U.S.A.

Zip

08091

Country

U.S.A.

4. FEI Number

23-0582990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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	PD	<input type="checkbox"/> Delete
NAME	SAETRE, OYVIND	
STREET ADDRESS	140 BRADFORD DRIVE	
CITY-ST-ZIP	WEST BERLIN NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	RYAN, PAMELA	
STREET ADDRESS	140 BRADFORD DRIVE	
CITY-ST-ZIP	WEST BERLIN NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOUGHERTY, WILLIAM	
STREET ADDRESS	140 BRADFORD DRIVE	
CITY-ST-ZIP	WEST BERLIN NJ	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MARKOO, OLLE	
STREET ADDRESS	S 380 40	
CITY-ST-ZIP	ORREFORS, SWEDEN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)