## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** L77515

1. Entity Name

ALL SWEDE, CORP.

DOCUMENT #



City

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

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STREET ADDRESS

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Principal Place of Business CO JEAN MANSSON

MANSSON, JEAN

10.

NAME

NAME

TITLE NAME

TITLE

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TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZiP

CITY-ST-ZIP

5205 SARASOTA COÚRT CAPE CORAL FL 33904

the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**5205 SARASOTA COURT** 

MANSSON, JEAN

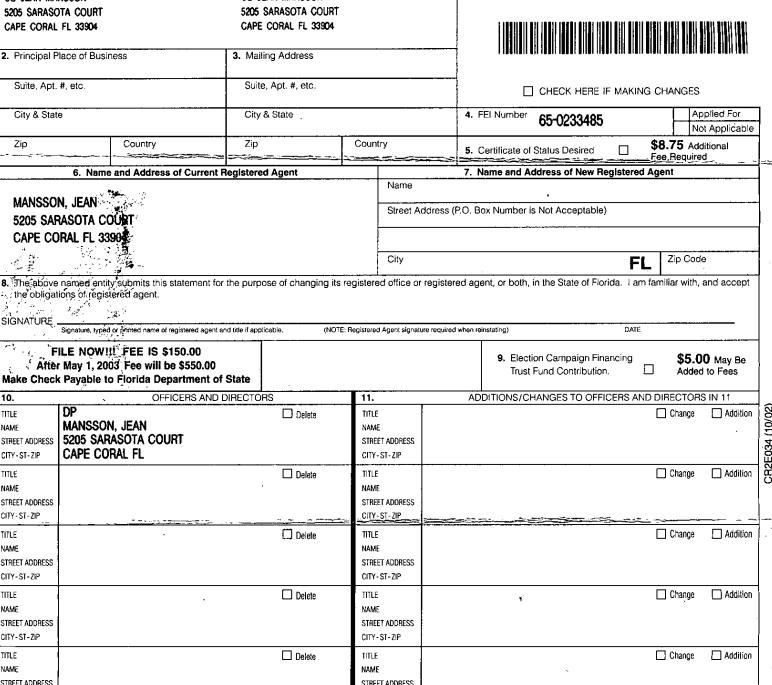
CAPE CORAL FL

Mailing Address CO JĒAN MANSSON

5205 SARASOTA COURT CAPE CORAL FL 33904		5205 SARASOTA COURT CAPE CORAL FL 33904		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	_
6. Na		irrent Registered Agent		

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90748 041 \*\*\*150.00



12. Thereby 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 ocurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if. indicated on this report or supplemental report is true and of the corporation or the receiver changed, or on an attachmen

CITY-ST-ZIP

☐ Addition