

2001 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-05-2001 90833 029 *****61.25

DOCUMENT # N99000007346

1. Entity Name

CHILD WATCH INTERNATIONAL INC.

Principal Place of Business

8461 SPRINGTREE DR
 302 A
 SUNRISE FL 33351

Mailing Address

PO BOX 452136
 SUNRISE FL 33345

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

65-0966861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

EGEBERG, HAROLD
9924 N.W. 46 CT.
SUNRISE FL 33351

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EGEBERG, HAROLD	
STREET ADDRESS	8461 SPRINGTREE DR #302 A	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGEBERG, DANIEL	
STREET ADDRESS	MJOLNERBUCKEN 44	
CITY-ST-ZIP	17448 SUNDBYBERG SWEEDEN	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGEBERG, STEFAN	
STREET ADDRESS	HYACINTVAGEN 35	
CITY-ST-ZIP	72246 VASTERAS SWEEDEN	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONSSON, TOMMY	
STREET ADDRESS	1105 ALBERCA ST	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Egeberg, Stefan	
STREET ADDRESS	Hyacintvagen 35	
CITY-ST-ZIP	72246 Vasteras Sweden	
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		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold Egeberg* **Harold Egeberg** **4/20/1** **954 7424377**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)