

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90177 002 ***150.00

000550

DOCUMENT # P00000118009

1. Entity Name

ACTIVE INVEST SOUTH CORPORATION

Principal Place of Business

3613 DEL PRADO BLVD
 CAPE CORAL FL 33904

Mailing Address

3613 DEL PRADO BLVD
 CAPE CORAL FL 33904

2. Principal Place of Business

5205 Sarasota Court
 Suite, Apt. #, etc.

3. Mailing Address

5205 Sarasota Court
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL
 Zip **33904** Country

City & State

Cape Coral, FL
 Zip **33904** Country

4. FEI Number

65-1068656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPSHUTZ, ROBERT M
3613 DEL PRADO BLVD
CAPE CORAL FL 33904

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **P, S, T, D**
 STREET ADDRESS **Jan-Erik Settergren**
 CITY-ST-ZIP **5205 Sarasta Ct. Cape Coral, FL 33904**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Jan-Erik Settergren, President 4.10.01 941.549.8212

Date

Daytime Phone #

CR2E034 (10/00)