2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P00000118009 **DOCUMENT#**

ACTIVE INVEST SOUTH CORPORATION



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90120 044 ***150.00

| Principal Plac 5205 SARASO CAPE CORAL | ITA CT. | 5205 | g Address SARASOTA CT. CORAL FL 33904 | | | | | | |
|---|---|---------------------|---|---------------------------------------|-------------|--|----------------------------|-------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | BOTO) DOS GAD DITL | 8)4) | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | | | 4. FEI Number 65-1068656 | | Applied For Not Applicable | |
| Zip | Country | . Zip | | Country | | 5. Certificate of Status Desired | □ \$8.75 Fee Req | Additional | |
| | 6. Name and Address of Current | Registere | d Agent | | | 7. Name and Address of New Re | | | |
| ~ | | | | Name | | | | | |
| MANSSON 5205 SAR | N, JEAN ASOTA CT | | Street A | | Address (P. | ddress (P.O. Box Number is Not Acceptable) | | | |
| CAPE CORAL FL 33904 | | | | | | , , , | | | |
| | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| 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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of | | | tate | | | 9. Election Campaign Fina Trust Fund Contribution | | 5.00 May Be | |
| 10. | ·OFFICERS AND | DIRECTOR | ₹S | 11. | | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECT | ORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SETTERGREN, JAN-ERIK 5205 SARASTA CT. CAPE CORAL FL 33904 | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5205 | ergren, Jan-Erik Sarasota Court Coral, FL. 33904 | Cyl Char | ge Addition | |
| TITLE | | | ☐ Delete | TITLE | TD | | ☐ Char | ge 🗶 Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | NAME STREET ADDRESS CITY-ST-ZIP | 5205 | son, Jean Sarasota Court Coral, FL. 33904 | • | | |
| TITLE NAME | | | ☐ Delete | TITLE NAME | Cupe | <u>.001013 1 E. 30203</u> | ☐ Char | ge 🔲 Addition | |
| STREET ADORESS CITY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | STREET ADDRESS CITY-ST-ZIP | | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Chan | ge Addition | |

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 trustor in provered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a state of the corporation of the receiver or trustor in Block 10 or Block 11 if changed.

SIGNATURE: X