## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 03, 2002 8:00 am P01000029339 DOCUMENT # Secretary of State 1. Entity Name 06-03-2002 91198 001 \*\*\*150.00 VENMARK U.S.A., INC. Mailing Address Principal Place of Business 4377 COMMERCIAL WAY. #214 4377 COMMERCIAL WAY. #214 SPRING HILL FL 34606 SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 93714*501* Not Applicable Country \$8.75 Additional Zip Country П Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NESSLER, PAUL H JR Street Address (P.O. Box Number is Not Acceptable) 4377 COMMERCIAL WAY, #214 SPRING HILL FL 34606 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME Lennart Eliasson NAME STREET ADDRESS 4377 Commercial was #214 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Spring Hill, PL 34606 Change ☐ Addition ☐ Delete TITLE **VP/T** NAME 4377 Commercial Was # 214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP pring Hill , PL 34606 ☐ Change ☐ Addition ☐ Delete TITLE TITLE Paul Har Wessler NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Eliasson SIGNATURE:

FILED