

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90070 034 ***150.00

DOCUMENT 7010000045717 ✓

1. Entity Name

Transcendent Group Holding Inc

DO NOT WRITE IN THIS SPACE

656715

2. Principal Place of Business

2807 Shore Breeze Dr

3. Mailing Address

2807 Shore Breeze Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

593719632

Applied For

Not Applicable

Zip

33611

Country

Hillborough

Zip

33611

Country

Hillborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Johan Lidras

Street Address (P.O. Box Number is Not Acceptable)

2807 Shore Breeze Dr

City

Tampa

FL

Zip Code

33611

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President Johan Lidras 2807 Shore Breeze Dr Tampa, FL 33611</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Magnar Johansson Korslagsgatan 37 Stockholm 11453 SWEDEN</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Wilhelm Arndt Oxelborgsgatan 42 Hasselby-16572 SWEDEN</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

8138326672

Daytime Phone #

CR2E034B (12/01)