

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

1 of 2

DOCUMENT # **P02000126494**

1. Entity Name

SWEDISH AUTO CARE INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 30 PM 12:42

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 N. WASHINGTON BL.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

4. FEI Number

75-3100109

Applied For

Not Applicable

Zip

34234

Country

SARASOTA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KAMIL MADKOUR

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

3449 HELENE ST

City

SARASOTA

FL

Zip Code

34233

**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
**Presi:
KAMIL MADKOUR
3449 Helene St
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200023523242
10/03/09--01002--022 **150.00**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

202

To: Florida Department of State
To whom it may concern.

I KAMIL MADKOUR, OWNER OF THE
SWEOLISH AUTO CARE INC LIKE TO
INFORM THAT I DID NOT RECEIVE
THE RENUAL FORM FOR THIS
CORPORATION, WITH YOUR PERMISSION
I WOULD LIKE TO REINSTATE MY
CORPORATION WITH OUT PENALTY.
I AM SORRY, I DID NOT EVEN KNOW
THAT IT WAS DISSOLVED.

Thankyou For your Help
in this MATTER.



9-31-03