

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90068 003 \*\*\*150.00

**DOCUMENT # P04486**

**1. Entity Name**  
**SUECIA INSURANCE COMPANY**

**Principal Place of Business**

**25 SMITH STREET**  
**NANUET NY 10954**  
**US**

**Mailing Address**

**25 SMITH STREET**  
**NANUET NY 10954**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**13-3031274**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATE SERVICES COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	CD	<input type="checkbox"/> Delete
NAME	PEDERSEN, ZAID	
STREET ADDRESS	FLEMINGGATAN 18	
CITY-ST-ZIP	STOCKHOLM, SWEDEN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANSEHL, ROBERT	
STREET ADDRESS	211 WHIPPORWILL ROAD	
CITY-ST-ZIP	CHAPPAQUA NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARSK, ANDERS	
STREET ADDRESS	300 EAST 56TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDIN, AKE	
STREET ADDRESS	321 HIGHLAND AVENUE	
CITY-ST-ZIP	OSSINING NY 10562	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAHLING, E. GUNTER	
STREET ADDRESS	49 HEMLOCK DRIVE	
CITY-ST-ZIP	SLEEPY HOLLOW NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALY, J. LEO	
STREET ADDRESS	763 PAPE AVENUE	
CITY-ST-ZIP	TORONTO ON M4-K3T2	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dobson, Gordon	
STREET ADDRESS	335 West Shore Dr.	
CITY-ST-ZIP	Wyckoff, NJ 07481	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gottesman, Scott	
STREET ADDRESS	6 Harrison Court	
CITY-ST-ZIP	Cortlandt Manor, NY 10567	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murphy, George	
STREET ADDRESS	22 Dorchester Rd.	
CITY-ST-ZIP	Rockville Centre, NY 11570	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Faxner, Goran	
STREET ADDRESS	Fleminggatan 18	
CITY-ST-ZIP	Stockholm, Sweden S-106 26	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED** *SCOTT GOTTESMAN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/12/02* *845-624-7780*

CR2E034 (9/01)