2001	UNII	FOR	M BU	SII	NESS REPO	-	F	ILED						
DOCUMENT # P28306 1. Entity Name SWEDIC REAL ESTATE INC.									Mar 09, 2001 08:00 AM Secretary of State					
Principal Place of Business JECK, HARRIS, JONES & KAUFMAN, LLP 1061 E INDIANTOWN RD JUPITER FL 334775143 US					Mailing Address JECK, HARRIS, JONES & KAUFMAN, LLP 1061 E INDIANTOWN RD JUPITER FL 334775143 US									
2. Principal Place of Business 433 SE ATLANTIC DRIVE					3. Mailing Address JECK, HARRIS & JONES								-	
Suite, Apt. #, etc.					Suite, Apt. #, etc. 1061 EAST INDIANTOWN ROAD				DO NOT WRITE IN THIS SPACE					
City & Stat	ie	Count	FL		City & State JUPITER Zip	Cour	FL		El Number - 1667461			N	pplied For ot Applicable	
33462		US	шу		334775143	Cour us	ıtry	5. 0	Certificate of Status I	Desired		8.75 Ad ee Require		
	6. Name	and Ado	dress of Cui	rent Re	egistered Agent	-		7. N	lame and Address	of New Regi				-
THE PREN	TICE-HALL	CORPO	RATION SYS	тем, г	NC.		Name							1
1201 HAYES STREET, SUITE 105							Street Addres	ss (P.O. Bo	ox Number is Not Ac	cceptable)				_
TALLAHAS 32301	SSEE	US		FL									-	
32301		US					City				FL	Zip Coo	le	
8. The above	named entity	submits	s_this stateme	ent for th	he purpose of changing its	register	ed office or regis	stered age	ent, or both, in the S	tate of Florida		<u> </u>		1
SIGNATURE .				-						- (3/09/2	2001	<u></u>	
	Signature, typed	or printed n	ame of registered	agent and	title if applicable. (NOTE	E: Registere	d Agent signature requ	uired when rei	instating)		DATE		<u></u>	_
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) \(\bar{\text{X}} \) 				_	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State				10. Election Cam Trust Fund Co		ing 🗆		00 May Be d to Fees	
11.			OFFICERS	AND DI	RECTORS	12.		AD	DITIONS/CHANGES	TO OFFICE	RS AND [DIRECTOR	IS IN 11	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GIMMERS BOX 1201 BORAS SV	S-501 12	BERNT	О	☐ Delete							☐ Change	Addition	034 (11/
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of the cor	poration or th	e receiv	oiernentai rep er or trustee	empowe	ais filing does not qualify for ue and accurate and that ne ered to execute this report in all other like empowered.	ny signa as requi	fiire chall have th	no coma i	anglationt so it mad	ia undar anth	tinat I an	a no office	or director	
SIGNAT	URE: _		Ove Gimm		ITED NAME OF SIGNING OFFICER	OR DIRECT	TOR	P	res 03/09/2	2001	Day	time Phone #		-