

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90090 045 ***150.00

DOCUMENT # P93000009270

1. Entity Name
KEMP GROUP, INC.

Principal Place of Business

Mailing Address

**1 HARGROVE GRADE
SUITE 1B
PALM COAST FL 32137
US**

**1 HARGROVE GRADE
SUITE 1B
PALM COAST FL 32137
US**

2. Principal Place of Business

3. Mailing Address

8 Sherburny Ct

PO Box 360842

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Coast, FL

Palm Coast, FL

Zip

Country

Zip

Country

32137

US

32135-0842

US

6. Name and Address of Current Registered Agent

4. FEI Number **59-3194177**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Christer Johansson

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

8 Sherburny Ct.

City

Palm Coast

FL

Zip Code

32137

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-statuting)

2/20/01

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, 2001 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

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | LARSSON, KJELL | |
| STREET ADDRESS | 9 FERN CT | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | EVA, LARSSON | |
| STREET ADDRESS | 9 FERN ST | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | JOHANSSON, CHRISTER | |
| STREET ADDRESS | S. STORG 10 | |
| CITY-ST-ZIP | S-252 23 HELSINGBORG | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CHARLA, PAUL | |
| STREET ADDRESS | 603 CHARLES ST | |
| CITY-ST-ZIP | PORT ORANGE FL 32119 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| 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 | | |
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Johansson, Christer | |
| STREET ADDRESS | 8 Sherburny Ct. | |
| CITY-ST-ZIP | Palm Coast, FL 32137 | |
| 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 | | |
| 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

904-441-2233

Date Daytime Phone #

CR2E034 (10/00)