

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013660

1. Entity Name

SWEDE PROPERTIES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90025 013 ***150.00

Principal Place of Business

Mailing Address

419 OAKLAND AVE
 INDIALANTIC FL 32903
 US

419 OAKLAND AVE
 INDIALANTIC FL 32903-4244
 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

59-2977986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSEN, ROBIN M ESQ
 1601 AIRPORT BLVD.
 SUITE 1
 MELBOURNE FL 32901

JAMES E. Soderlund, JR.
 419 Oakland Ave
 Indialantic, FL.
 32903

Name

Stephen G. Smith

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

1900 North Harbour City Blvd

Suite 227

City

Melbourne

FL

Zip Code

32901

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]

JAMES E. Soderlund, JR. President

5/1/00

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, 2000 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 OPST
 SODERLUND, JAMES E JR
 1850 ORLEANS DR., APT. C
 INDIALANTIC FL 32903

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 419 Oakland Ave
 Indialantic, FL. 32903

☒ Change

☐ Addition

TITLE
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☐ Change

☐ Addition

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

JAMES E. Soderlund, JR. 5/1/00

Date

321-693-9012

Daytime Phone #

CR2E034 (9/99)