

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90061 005 \*\*\*150.00

**DOCUMENT # P98000015054**

1. Entity Name

VINDHAST INC.

Principal Place of Business

1200 LAKE BREEZE DRIVE  
 WELLINGTON FL 33414

Mailing Address

11924 FOREST HILL BLVD  
 22-231  
 WELLINGTON FL 33414

2. Principal Place of Business

11924 FOREST HILL BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 22-231

City & State

WELLINGTON, FL

City & State

Zip

33414

Country

USA

Zip

Country

4. FEI Number

59-3494416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, ESQ, KEVIN D  
 12794 W FOREST HILL BLVD  
 SUITE 28B  
 WELLINGTON FL 33414

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

TITLE NAME	P BERRGTON, ANN CATHRIN 5 KOPMANGATAN 72215 VASTERAS SWEDEN	<input type="checkbox"/> Delete
* STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	S RITTER, JAMES 1200 LAKE BREEZE DRIVE WELLINGTON FL 33414	<input type="checkbox"/> Delete
* STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
* STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
* STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
* STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
* STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	BENGTTSSON, ANN CATHRIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
* STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
* STREET ADDRESS CITY-ST-ZIP	11924 FOREST HILL BLVD #22-231 WELLINGTON, FL 33414	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
* STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
* STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
* STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
* 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:** *Ann Cathrin Bengtsson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2002-01-14

Daytime Phone #

462110111

CR2E034 (9/01)