2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

P98000035899

1. Entity Name

SWEDE SUCCESS.COM, INC.



Principal Place of Business Mailing Address 2509 SWEET WATER COUNTRY CLUB DRIVE 2509 SWEET WATER COUNTRY CLUB DRIVE APOPKA FL 32712 APOPKA FL 32712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3507435 Not Applicable Zip Country \$8.75 Additional **¹5**- Certificate of Status Desired ~ - - - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STENKULA, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 2509 SWEET WATER COUNTRY CLUBS APOPKA FL 32712 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE ☐ Delete STENKULA, PERSONE NAME 2509 SWEETWATER COUNTRY CLUB DR STREET ADDRESS APOPKA FL 32712 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STENKULA, PATRICIA E STREET ADDRESS 2509 SWEETWATER COUNTRY CLUB DR CITY-ST-ZIP APOPKA FL 32712 ☐ Change ☐ Addition ☐ Delete TSD TITLE STENKULA, PATRICIA E NAME STREET ADDRESS 2509 SWEET WATER COUNTRY CLUB DRIVE CITY-ST-ZIP APOPKA FL 32712 Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS

FILED Mar 24, 2003 8:00 am **Secretary of State**

03-24-2003 90213 045 ***150.00

10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

12. 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 10 or Block 11 if changed, or on an attachmen

SIGNATURE:

7 DiR 3-20-03

CR2E034 (10/02)