

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90212 047 ***150.00

DOCUMENT # P99000084630

1. Entity Name
FLORIDA PROPERTIES HOLDINGS, INC.



Principal Place of Business
**1541 SE PORT ST LUCIE BLVD. SUITE A
PORT ST LUCIE FL 34952**

Mailing Address
**1541 SE PORT ST LUCIE BLVD. SUITE A
PORT ST LUCIE FL 34952**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0958036**

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

**MECCA, JACK A
1541 SE PORT ST LUCIE BLVD, SUITE A
PORT ST LUCIE FL 34952**

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. 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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
VESTERLUND, STIG
FLYHAMNSVAGEN 24
UPPSALA, SWEDEN** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MECCA, JACK A
1541 SE PORT ST LUCIE BLVD, SUITE A
PORT ST LUCIE FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDM
MECCA, JACK A
1541 SE Port St. Lucie Blvd. Suite A
Port St. Lucie, FL 34952** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HJELM, IVAN
NEDRA SLOTTSGATA, 6
UPPSALA, SWEDEN** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LARSON, GORAN
DROTNING-FATAN 85
11160 STOCKHOLM, SWEDEN** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MECCA, MARY
2022 SE ALLAMANDA DR
PORT ST LUCIE FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

Jack A. Mecca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03
Date

772-335-4660
Daytime Phone #

CR2E034 (10/02)