

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90071 004 \*\*\*550.00

10000393 AV

**DOCUMENT # P99000091482**

**1. Entity Name**  
**SCANDINAVIAN TOOL SYSTEMS, INC.**



**Principal Place of Business**  
**9851 THOMAS DR., SUITE 109-112**  
**PANAMA CITY BCH FL 32408**

**Mailing Address**  
**9851 THOMAS DR., SUITE 109-112**  
**PANAMA CITY BCH FL 32408**

**2. Principal Place of Business**

27 Harrison Avenue

**3. Mailing Address**

27 Harrison Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Panama City FL

**City & State**

Panama City FL

**Zip**

32401

**Country**

USA

**Zip**

32401

**Country**

USA

**4. FEI Number**

**59-2986908**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SLOAN, TIMOTHY J**  
**427 MCKENZIE AVE.**  
**PANAMA CITY FL 32401**

*(change)*

**7. Name and Address of New Registered Agent**

**Name**

Barron + Redding - Mike Dickey

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

280 McKenzie Avenue

**City**

Panama City

**FL**

**Zip Code**

32402

**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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>OSTLING, ROLF A</b>	
<b>STREET ADDRESS</b>	<b>BOX 59, S-793 12</b>	
<b>CITY-ST-ZIP</b>	<b>INSJON, SWEDEN</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MARTINSSON, BO M</b>	
<b>STREET ADDRESS</b>	<b>BOX 59, S-793 12</b>	
<b>CITY-ST-ZIP</b>	<b>INSJON, SWEDEN</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>HAMLEN, RICHARD</b>	
<b>STREET ADDRESS</b>	<b>9851 THOMAS DR STE 109-112</b>	
<b>CITY-ST-ZIP</b>	<b>PANAMA CITY FL 32408</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

D  
Sonny Nilsson  
Po Box 59-5793 12  
INSJON, Sweden

**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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

CR2034 (4/03)