

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000107503**1. Entity Name
SVERIGE.COM INC.**Principal Place of Business**

7974 SAILBOAT KEY BLVD, S, SUITE 408

S PASADENA
33707

FL

Mailing Address

7974 SAILBOAT KEY BLVD, S, SUITE 408

S PASADENA
33707

FL

2. Principal Place of Business

7974 SAILBOAT KEY BLVD. #408

3. Mailing Address

7974 SAILBOAT KEY BLVD. #408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SOUTH PASADENA

FL

City & State

SOUTH PASADENA

FL

Zip
33707Country
USZip
33707Country
US**4. FEI Number**

59-3429337

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

BREMSTROM HANS

7974 SAILBOAT KEY BLVD, S, SUITE 408

S PASADENA
33707

FL

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

BREMSTROM HANS BCEO

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

7974 SAILBOAT KEY BLVD. #408

City

SOUTH PASADENA

FL

Zip Code
33707

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 **HANS BREMSTROM**

02/21/2001

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, 2001 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOLFF PETER V.P.		
STREET ADDRESS	7974 SAILBOAT KEY BLVD. #408		
CITY-ST-ZIP	SOUTH PASADENA FL 33707		
TITLE	V.P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RASK THOMAS V.P.		
STREET ADDRESS	9784 INDIAN KEY TRAIL		
CITY-ST-ZIP	SEMINOLE FL 33776		
TITLE	CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BREMSTROM HANS BCEO		
STREET ADDRESS	7974 SAILBOAT KEY BLVD. #408		
CITY-ST-ZIP	SOUTH PASADENA FL 33707		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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: HANS BREMSTROM

CEO

02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)