# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 11, 2002 8:00 am**
**Secretary of State**
01-11-2002 90002 019 ****50.00

0029418

DOCUMENT # Z00343

1. Entity Name
SVENSKA PROPERTIES, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| % DEWEY L. HARRIS<br>976 BREVARD AVE., SUITE B<br>ROCKLEDGE FL 32955 | % DEWEY L. HARRIS<br>976 BREVARD AVE., SUITE B<br>ROCKLEDGE FL 32955 |

YU1U14

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc.: 976 Brevard Ave, Suite A | Suite, Apt. #, etc.: 976 Brevard Ave, Suite A |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3047988 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HARRIS, DEWEY L<br>976 BREWARD AVE., SUITE B<br>ROCKLEDGE FL 32955 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 976 Brevard Ave, Suite A<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By May 1, 2002**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CARLSON, TORBJORN<br>421 65 VASTRA FROLUNDA<br>SWEDEN | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CARLSON, ULLA<br>421 65 VASTRA FROLUNDA<br>SWEDEN | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>AHLMAN, BO<br>421 31 VASTRA FROLUNDA<br>SWEDEN | ☐ 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 |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** SIGNATURE REQUIRED 1.4.02 321-433-1191
Date / Daytime Phone #

CR2E080 (9/01)