

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001815

1. Entity Name  
**SAAB TRAINING INC.**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90082 021 \*\*\*550.00

Principal Place of Business 34 SLOAN ST ROSWELL GA 30075 US	Mailing Address 34 SLOAN ST ROSWELL GA 30075-4920 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3050 TECHNOLOGY PKWY</b> Suite, Apt. #, etc. <b>SUITE 130</b> City & State <b>ORLANDO, FL</b> Zip <b>32826</b> Country <b>USA</b>	3. Mailing Address <b>3050 TECHNOLOGY PKWY</b> Suite, Apt. #, etc. <b>SUITE 130</b> City & State <b>ORLANDO, FL</b> Zip <b>32826</b> Country <b>USA</b>
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4. FEI Number <b>58-2310523</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
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.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		<input type="checkbox"/> Delete
TITLE <b>P</b>	NAME <b>CLYDESDALE, ROBERT</b>	<input type="checkbox"/>
STREET ADDRESS <b>5217 RIVERHILL ROAD</b>	CITY-ST-ZIP <b>MARIETTA GA 30068</b>	
TITLE <b>VP</b>	NAME <b>LINDGREN, JORGEN</b>	<input type="checkbox"/>
STREET ADDRESS <b>G. ZILOS V.5/ S-554 48, JONKOPING</b>	CITY-ST-ZIP <b>SWEDEN</b>	
TITLE <b>D</b>	NAME <b>ROBERTSON, HANS</b>	<input type="checkbox"/>
STREET ADDRESS <b>ASTRONOMGATAN 10/ S-554 48 JONKOPING</b>	CITY-ST-ZIP <b>SWEDEN</b>	
TITLE <b>S</b>	NAME <b>TURRENTINE, J D</b>	<input type="checkbox"/>
STREET ADDRESS <b>342 NEW CANAAN ROAD</b>	CITY-ST-ZIP <b>WILTON CT 06897</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
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: *[Signature]* **REQUIRED** **5/16/00**  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (SEE ATTACHED AUTHORIZATION)

CR2E034 (9/99)