

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91739 040 ***150.00

DOCUMENT # **P01000040888** ✓

1. Entity Name

A. EUROMOTIVE CONSULTANT, INC

Principal Place of Business

2266 CHARDONNAY COURT *West*
KISSIMMEE, FL
34741

Mailing Address

2266 CHARDONNAY COURT
KISSIMMEE, FLORIDA 34744

2. Principal Place of Business

2266 CHARDONNAY COURT *West*

3. Mailing Address

same

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

4. FEI Number

59-3710510

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34741

Country

USA

5. Certificate of Status Desired

\$8.75

Additional

Fee Required

6. Name and Address of Current Registered Agent

ANGELO CAMPANA
2266 CHARDONNAY COURT
KISSIMMEE FLORIDA 34741

7. Name and Address of New Registered Agent

Name

ANGELO CAMPANA

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

2266 CHARDONNAY COURT *West*

City

KISSIMMEE

FL

Zip Code

34744

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

(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 (see requirements and elects to do so. (See criteria on back))

FILE NOW!!! FEB 19 \$150.00

After MAY 1, 2000 Fee will be \$350.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00

Trust Fund Contribution.

May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P **ANGELO CAMPANA** ☐ **Delete**

NAME **2266 CHARDONNAY COURT**
STREET ADDRESS **KISSIMMEE, FLORIDA 34744**
CITY - ST - ZIP

TITLE ☐ **Delete**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ **Delete**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ **Delete**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ **Delete**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ **Delete**

NAME

STREET ADDRESS

CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **A. Euromotive** ☐ **Change** ☒ **Addition**

NAME **Consultant, Inc**
STREET ADDRESS **2266 CHARDONNAY COURT** *West*
CITY - ST - ZIP **Kissimmee FL 34741**

TITLE ☐ **Change** ☐ **Addition**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Addition**

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CITY - ST - ZIP

TITLE ☐ **Change** ☐ **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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/02 407-992-3964

CR2EC04 (05/99)

Attachment PO1000040888/67224

Florida DRIVER LICENSE CLASS E



Angelo Fiorenzo Campa

The Sunshine State
LICENSE NUMBER
C515-006-51-001-0

ANGELO FIORENZO CAMPANA
1680 NEPTUNE RD
KISSIMMEE, FL 34744-0000

BIRTH DATE	SEX	HGT.	REST.	ENDORSE
01-01-51	M	5-11		

ISSUED	EXPIRES	DUPLICATE
12-10-96	01-01-03	04-18-97

ORGAN DONOR
1089704180098

Operation of a motor vehicle constitutes consent to any sobriety test required by law

SAFE DRIVER

Wrong address

Right address → 2266 Chardonway West
Kissimmee Florida
34741