

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

02-24-2003 90245 035 ***150.00

DOCUMENT # P01000040888

1. Entity Name

A. EUROMOTIVE CONSULTANT, INC.



Principal Place of Business

Mailing Address

~~2268 CHARDONNAY CT WEST~~
KISSIMMEE FL 34744

~~2268 CHARDONNAY CT WEST~~
KISSIMMEE FL 34744

2. Principal Place of Business

2023 RHINE CT

3. Mailing Address

P.O. BOX 423422

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

34741

Country

USA

34742

Country

USA

4. FEI Number

59-3710510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPANA, ANGELO

~~2268 CHARDONNAY CT WEST~~
2023 Rhine Ct
KISSIMMEE, FL
34741

Name

Campana, Angelo

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

2023 Rhine Ct

City

Kissimmee

FL

Zip Code

34741

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

Campana ANGELO CAMPANA

3/14/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	EUROMOTIVE		<input checked="" type="checkbox"/>
	2268 CHARDONNAY CT			
	KISSIMMEE FL 34741			
	OWNER			<input checked="" type="checkbox"/>
	A. EUROMOTIVE CONSULTANT			
	2023 RHINE CT.			
	KISSIMMEE, FL 34741			<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P	Angelo Campana		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2023 Rhine Ct				
	Kissimmee FL 34741				
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Campana 3/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)