2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90113 033 ***150.00

DOCUMENT # P99000074491

1. Entity Name
EUROPEONSALE.COM, INC.

Principal Place of Business	Mailing Address
6555 NW 9TH AVENUE. STE. 207 FORT LAUDERDALE FL 33309	6555 NW 9TH AVENUE. STE. 207 FORT LAUDERDALE FL 33309

2. Principal Place of Business	3. Mailing Address
6501 Lake Worth Road	6501 Lake Worth Rd
Suite, Apt. #, etc.: 103	Suite, Apt. #, etc.: 103
City & State: Lake Worth FL	City & State: Lake Worth FL
Zip: 33467 Country: USA	Zip: 33467 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0942412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZACHILLI, MICHAEL
~~6555 NW 9TH AVENUE, STE. 207~~ 6501 Lake Worth Rd
~~FORT LAUDERDALE FL 33309~~ STE 103
Lake Worth FL 33467

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. I am familiar with, and accept the obligations of registered agent.

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 $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	D THORBJORNSSON, BO-LENNART 6555 NW 9TH AVENUE, STE. 207 FORT LAUDERDALE FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Josephine Julian 6253 Shadow Tree Lane Lake Worth FL 33428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAMMER, LEIF 6555 NW 9TH AVENUE, STE. 207 FORT LAUDERDALE FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINTHER, TORBEN 6555 NW 9TH AVENUE, STE. 207 FORT LAUDERDALE FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ZACCHILLI, MICHAEL L 28850 RAINDANCE LN BOCA RATON FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Zacchilli, Michael 28850 Raindance Lane Boca Raton FL 33428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E034 (10/02)

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: [illegible] Josephine Julian Jan. 30, 2003 561 432-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #