

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L990000001909

00 MAY -6 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Euro-American Carpentry LLC

Principal Place of Business: Santa Rosa County, FL. 6478 Hwy 90
Mailing Address: Milton, FL. 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3569445 Applied For Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK J. Bocchino
ASSISTANT 230 ST. BARNABAS ST.
Pensacola, FL. 32503

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 Frank J. Bocchino (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE PRESIDENT Delete
NAME ASGEIR BJARNASON
STREET ADDRESS 4845 Timberland DR., Pace, FL. 32570
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME FRANK J. Bocchino
STREET ADDRESS 230 ST. BARNABAS ST.
CITY-ST-ZIP Pensacola, FL. 32503 Vice Pres.

TITLE Change Addition
NAME 000003273000
STREET ADDRESS -06/07/00--01014--019
CITY-ST-ZIP *****50.00 *****50.00

TITLE PRESIDENT MANAGER Delete
NAME ASGEIR BJARNASON
STREET ADDRESS 6478 HWY 90
CITY-ST-ZIP MILTON, FL. 32570

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President Manager Delete
NAME FRANK J. Bocchino
STREET ADDRESS 6478 HWY 90
CITY-ST-ZIP MILTON, FL. 32570

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Frank J. Bocchino (850) 324-1483
DATE 4/5/00 (850) 627-0780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

CR2E083 (1/99)