2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like em

Feb 05, 2002 8:00 am Secretary of State G19183 DOCUMENT # 1. Entity Name 02-05-2002 90108 033 ***150.00 EURO-OVERSEAS-REALTY, INC. Mailing Address Principal Place of Business 4732 OLD STONE ROAD 4732 OLD STONE ROAD SARASOTA FL 34233 SARASOTA FL 34233 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2311232 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUMBAUGH, JOHN D. Street Address (P.O. Box Number is Not Acceptable) 1900 RINGLING BLVD. SARASOTA FL 34236 Zin Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change Addition ☐ Delete TITLE TITLE druener, rudolf a. NAME NAME STREET ADDRESS 4732 OLD STONE ROAD STREET ADDRESS SARASOTA FL 34233 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME RUPPRECHT, BAERBEL NAME STREET ADDRESS STREET ADDRESS 4732 OLD STONE ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 Change Addition ☐ Delete TITLE TITLE DUMBAUGH, BARBARA C NAME STREET ADDRESS 1685 PINE HARRIER CIR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TIALE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director lis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and that me of the corporation or the receiver or trustee empowered to execute this report and the corporation or the receiver or trustee empowered to execute this report and the corporation or the receiver or trustee empowered to execute this report and the corporation or the receiver or trustee empowered to execute this report and the corporation or the receiver or trustee empowered to execute this report and the corporation or the receiver or trustee empowered to execute this report and the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute this report of the corporation.

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