

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90159 029 \*\*\*150.00

**DOCUMENT # F98000001844**

1. Entity Name  
**EUROPEAN MICRO HOLDINGS, INC.**

Principal Place of Business  
**6073 NW 167 STREET. UNIT C-25**  
**MIAMI FL 33015**

Mailing Address  
**6073 NW 167 STREET. UNIT C-25**  
**MIAMI FL 33015**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0803752</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>PARKER, CLAYTON E</b> <b>201 S BISCAYNE BLVD., 20TH FL</b> <b>MIAMI FL 33131</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIELDS, HARRY D</b>	NAME	
STREET ADDRESS	<b>808 THIRD AVENUE SOUTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLAGHER, JOHN B</b>	NAME	
STREET ADDRESS	<b>6073 NW 167 STREET UNIT C-25</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<del><b>ST</b></del> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>NASH, JAY</b></del>	NAME	
STREET ADDRESS	<del><b>808 THIRD AVENUE SOUTH</b></del>	STREET ADDRESS	
CITY-ST-ZIP	<del><b>NASHVILLE TN</b></del>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUTTON, BARRETT</b>	NAME	
STREET ADDRESS	<b>511 UNION STREET STE 2100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN 37219</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAXON, KYLE R</b>	NAME	
STREET ADDRESS	<b>169 EAST FLAGLER</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILBERT, LAURENCE</b>	NAME	
STREET ADDRESS	<b>20-24 CHURCH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLAND</b>	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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Harry Shields** **4-18-02** **615-242-9992**  
DATE DAYTIME PHONE #

CR2E034 (9/01)