## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

Mailing Address

## F57968 **DOCUMENT #**

1. Entity Name

Principal Place of Business

EUROPEAN OFFICE ADMINISTRATION, INC.



**FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90260 028 \*\*\*150.00

| Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  Ci   | STUART FL 3   |                   |                      |                    | PU BOX 1699<br>STUART FL 34995 |       |            |                |  |                 |                      |                               |  |
|--|---|-------------------|----------------------|--------------------|--------------------------------|-------|------------|----------------|--|-----------------|----------------------|-------------------------------|--|
| Suite. Apt. #, edc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   A, FEI Number 59-2142120   Abbited For No. Applicable    Zip  | 2. Principal  | Place of Busin    | less                 | 3. Ma              |                                |       |            |                | T CORPUSED THE DARK FROM TOTHE OTHE                      | i idil digil di | HII CICH BIBU        | (1011 <b>618</b> 11 1881)     |  |
| Zip Country Zip S. Country S. Cou   | Suite, Apt  | i. #, etc.        | <u> </u>             | Sui                |                                |       |            |                | CHECK HERE IF MAKING CHANGES                             |                 |                      |                               |  |
| Second   S     | City & Sta  | ite               |                      | City               | y & State                      |       |            |                | J. FEI Number 59-2142120                                 |                 |                      | <del></del>                   |  |
| MEER CHRISTINE E 1430 N W FORK ROAD STUART FL 34994  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Where or printed rame of legistered agent and like it applicable.  ### FILE NOW!!! FEE IS 5150.00 ### After May 1, 2003 Fee will be 5850.00 ### MAKE Check Payable to Florida Department of State  10.   |   |                   |                      | Zip                | Zip                            |       | Country    |                | Certificate of Status Desired                            |                 | \$8.75 Ac            | dditional                     |  |
| Marie   Name   | 6. Name and Address of Current Registered Agent   |                   |                      |                    |                                |       | · -:> = =  | =- °7.*1       | Name and Address of New Re                               |                 | •                    |                               |  |
| STUART FL 34994   STIVET AUGMSS   STORE AUGMSS   STORE AUGMSS   STORE AUGMSS   STORE AUGMSS   STORE AUGMSS   STIVET AUGMSS       | NEED OF DISTRICT  |                   |                      |                    |                                |       | Name       |                |  | ·               | <u></u>              |                               |  |
| STUART FL 34994  6. 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    STEEL NOW!! FEE IS \$150.00   | -   |                   |                      |                    | •                              |       | Street Ac  | ddress (P.O. R | Pov Number is Not Acceptable)                            |                 |                      |                               |  |
| 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    Consume   Special or private name of registered agent.   Change   Addition   |   |                   | D                    |                    |                                |       | 0,,00.7.5  | 30,000 (1.0.2  | TOX NUMBER IS NOT ACCEPTABLE)                            |                 |                      |                               |  |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SignAT-URE  | Stuari i  | -L 34994          |                      |                    |                                |       | -          |                | ······································                   |                 | <del>-</del>         |                               |  |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  NAME STREET ADDRESS CITY-ST-2P  TILE  NAME |   |                   |                      |                    |                                |       | City       |                |  | FL              | Zip Coo              | de                            |  |
| Symble to protect name of programes agent and toke 4 accolorable.   (NOTE: Registered Agent signature renumen when renutating)   DATE  | 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. Lam familiar with, and accept |                   |                      |                    |                                |       |            |                |  |                 |                      |                               |  |
| FILE NOW!!! FEE IS \$150.00 After Mey 1, 2003 Fee will be \$55.00 May Ba Added to Floeis  10.  | SIGNATURE   |                   |                      |                    |                                |       |            |                |  |                 |                      |                               |  |
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|  |   | ertify that the i | information supplied | d with this filing | does not qualify for           |       | I .        | d in Continu 1 | 40.07/0V//\ Elected Oct. 4c   14.                        |                 |                      |                               |  |

12 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:**