

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90787 015 \*\*\*150.00

**DOCUMENT # F93000003038**

1. Entity Name

**EUROPASKY CORPORATION**

Principal Place of Business

Mailing Address

150 153RD AVE  
 STE 200  
 MADEIRA BCH FL 33708  
 US

150 153RD AVE  
 STE 200  
 MADEIRA BCH FL 33708-1856  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3130080**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VITALE, DEBORAH A**  
**150-153RD AVE**  
**STE 200**  
**MEDEIRA BEACH FL 33708**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VITALE, DEBORAH A.</b>	
STREET ADDRESS	<b>150 153RD AVE, STE 200</b>	
CITY-ST-ZIP	<b>MADEIRA BCH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DUBER, JOHN R</b>	
STREET ADDRESS	<b>20018 WESTOVER AVE</b>	
CITY-ST-ZIP	<b>ROCKY RIVER OH 44116</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEMATTIA, PAUL</b>	
STREET ADDRESS	<b>4002 PINE FOREST DR</b>	
CITY-ST-ZIP	<b>PARMA OH 44134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRISON, GREGORY A</b>	
STREET ADDRESS	<b>16209 KIMBERLY GROVE</b>	
CITY-ST-ZIP	<b>GAITHERSBURG MD 20878</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES ILLIUS</b>	
STREET ADDRESS	<b>3791 FRANCIS DR.</b>	
CITY-ST-ZIP	<b>ROCKY RIVER, OH 44116</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Deborah Vitale*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DEBORAH VITALE**

Date: **4-25-2000** Daytime Phone #: **727-393-2885**