

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000954

1. Entity Name

EURUS TECHNOLOGIES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90246 018 ***150.00

Principal Place of Business

Mailing Address

2031 E PAUL DIRAC DR
TALLAHASSEE FL 32310
US

2031 E PAUL DIRAC DR
TALLAHASSEE FL 32310-3711
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3268296

Applied For

Not Applicable

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

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

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 DCPT ☐ Delete
NAME ADAMS, MARILYN S
STREET ADDRESS 5500 PIMLICO DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DV ☐ Change ☒ Addition
NAME Bagalay, John E.
STREET ADDRESS 147 Bay State Road
CITY-ST-ZIP Boston, MA 02215

TITLE D ☐ Delete
NAME CUSICK, JOHN W
STREET ADDRESS 5500 PIMLICO DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Change ☒ Addition
NAME Bradley, Russ V.V.
STREET ADDRESS 14 Chemin de Pinchat
CITY-ST-ZIP CH-1227 Carouge, Switzerland

TITLE DVS ☐ Delete
NAME SHEA, JOHN F
STREET ADDRESS 33 W 2ND ST
CITY-ST-ZIP RIVERHEAD NY 11901

TITLE V ☐ Change ☒ Addition
NAME Miller, John R.
STREET ADDRESS 193 West Rosehill Drive
CITY-ST-ZIP Tallahassee, FL 32312

TITLE VD ☐ Delete
NAME VYDRA, ANTHONY
STREET ADDRESS 6274 FAIRWAY DR W
CITY-ST-ZIP FAYETTEVILLE PA 17222

TITLE V ☐ Change ☒ Addition
NAME Schwartz, Justin
STREET ADDRESS 2936 Quail Rise Court
CITY-ST-ZIP Tallahassee, FL 32308

TITLE VP ☐ Delete
NAME ROMANS, JOHN A
STREET ADDRESS ~~6113 OX BOTTOM MANOR DRIVE~~ 5500 PIMLICO DR
CITY-ST-ZIP TALLAHASSEE FL ~~32312~~ 32308

TITLE V ☐ Change ☒ Addition
NAME Tumsic, Michael
STREET ADDRESS 1681 Cornish Road
CITY-ST-ZIP Troy, OH 45373

TITLE D ☒ Delete
NAME MANION, ROBERT C
STREET ADDRESS 5500 PIMLICO DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-00

1-850-574-1800

X20

CR2E034 (9/99)