

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90008 013 ***550.00

DOCUMENT # F97000000954

1. Entity Name
EURUS TECHNOLOGIES, INC.

Principal Place of Business
2031 E PAUL DIRAC DR
TALLAHASSEE FL 32310
US

Mailing Address
2031 E PAUL DIRAC DR
TALLAHASSEE FL 32310
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 15165

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

4. FEI Number **11-3268296**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32317-5165 USA

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DCPT
ADAMS, MARILYN S
5500 PIMLICO DRIVE
TALLAHASSEE FL 32308 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DCPT
ADAMS, MARILYN S.
5500 PIMLICO DR
TALLAHASSEE, FL 32308 ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
ROMANS, JOHN A
8115 OX BOTTOM MANOR DRIVE
TALLAHASSEE FL 32312 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRES. DIRECTOR
PAUL W. CASSANSKE
223 CARR CANE
TALLAHASSEE, FL 32312 ☐ Change ☒ Addition

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:

PAUL W. CASSANSKE
RESIDENT

7/26/01
574-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)