

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90043 002 ***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**

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

65-0803752

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

**PARKER, CLAYTON E
201 S BISCAYNE BLVD., 20TH FL
MIAMI FL 33131**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PD ☐ Delete
NAME SHIELDS, HARRY D
STREET ADDRESS 808 THIRD AVENUE SOUTH
CITY-ST-ZIP NASHVILLE TNTITLE D ☒ Change ☐ Addition
NAME Sutton, Barrett
STREET ADDRESS 511 Union Street Ste 2100
CITY-ST-ZIP Nashville, TN 37219TITLE D ☐ Delete
NAME GALLAGHER, JOHN B
STREET ADDRESS 6073 NW 167 STREET UNIT C-25
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ST ☐ Delete
NAME NASH, JAY
STREET ADDRESS 808 THIRD AVENUE SOUTH
CITY-ST-ZIP NASHVILLE TNTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME SUTTON, BARRETT
STREET ADDRESS 414 UNION STREET
CITY-ST-ZIP NASHVILLE TNTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME SAXON, KYLE R
STREET ADDRESS 169 EAST FLAGLER
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME GILBERT, LAURENCE
STREET ADDRESS 20-24 CHURCH STREET
CITY-ST-ZIP ENGLANDTITLE ☐ 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 #

CR2E034 (10/00)