2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K98925** May 16, 2000 8:00 am Secretary of State 1. Entity Name EURO-MARKETING INCORPORATED 05-16-2000 90176 001 ***150.00 Principal Place of Business Mailing Address C/O GULF TAX INC 101 MANDALAY AVE 6860 GULFPORT BLVD / STE - 900 SHITE E ST PETERSBURG FL 33707-2108 CLEARWATER BEACH FL 34630 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2995663 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEUADA HOLDINGS INC - BRIAN LIGHT GULF TAX INC.-LIGHT, BRIAN Street Address (P.O. Box Number is Not Acceptable) 6860 GULFPORT BLVD. **SUITE 900** ST PETERSBURG FL 33707 City S. PASADEJA Zip Code 35707-2108 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. (RRES) 461DDA BUNGICH FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPT** Change Addition ☐ Delete NAEGELIN, GUENTER NAME 6860 GULFPORT BLVD / STE - 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF ST PETERSBURG FL CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE LIGHT, BRIAN NAME 6860 BULFPORT BLVD / STE - 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL Delete Addition LIGHT, GERTRUD NAME NAME STREET ADDRESS STREET ADDRESS 6860 GULFPORT BLVD / STE - 900

FRAJ GERDA HASGELIN NAME NAME 6860 GULFORY BLVD KODS STREET ADDRESS STREET ADDRESS S. PASADENA FL. 33707 - 2108 CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-7IE

TITI F

ST PETERSBURG FL

SIGNATURE AND TYPED OR PRINTED NAME OF

☐ Delete

Addition