

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0021534 AF

DOCUMENT # L00000000628

1. Entity Name
EURO-SCANDIC CONSULTING, LLC

01 APR 27 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3119 MANATEE AVE. WEST
BRADENTON FL 34205

Mailing Address

3119 MANATEE AVE. WEST
BRADENTON FL 34205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 14100

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 14100

Suite, Apt. #, etc.

City & State

BRADENTON, FLORIDA

City & State

BRADENTON, FLORIDA

4. FEI Number

65-0974289

Applied For

Not Applicable

Zip

34208

Country

USA

Zip

34208

Country

USA

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNES, GARRET T

3119 MANATEE AVE. WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME REID ZOLLER, MICHAEL
STREET ADDRESS AMSELSTR 7B, 67688 RODENBACH
CITY-ST-ZIP GERMANY ☐ Delete

TITLE MGR
NAME BECK-HANSEN, MICHAEL
STREET ADDRESS MARKEDSGADDE 27, 8500 GRENA
CITY-ST-ZIP DENMARK ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

17 APR 01

+46 706011301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)