

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90052 028 ****50.00

DOCUMENT # L01000007038

1. Entity Name

EURO-AMERICAN GLOBAL CAPITAL MANAGEMENT, LLC



Principal Place of Business

**28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135
US**

Mailing Address

**28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135
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 **65-1144293**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EURO-AMERICAN FINANCIAL SERVICES, INC.
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name

ALLURE ACCOUNTING, LLC

Street Address (P.O. Box Number is Not Acceptable)

28000 SPANISH WELLS BLVD

City

BONITA SPRINGS

FL

Zip Code

34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

FRIEDRICH SCHMIDT, MGR.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PVTS**
NAME **AMBURN, JAMES W**
STREET ADDRESS **28000 SPANISH WELLS BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

☐ Delete

TITLE
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STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAMES W. AMBURN

02/11/03

239-992-3355

Date

Daytime Phone #

CR2E083 (10/02)