

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L76176

1. Entity Name
EUROPA TECH, INC.

Principal Place of Business
75 NORTH YONGE ST.
ORMOND BEACH FL 32174

Mailing Address
~~75 NORTH YONGE ST.~~
~~ORMOND BEACH FL 32174~~

2. Principal Place of Business

3. Mailing Address
555 W. GRANADA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE G-10

City & State

City & State
ORMOND BEACH, FL.

Zip

Country

Zip
32174-9409

Country
US

4. FEI Number 59-3011998

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

MATTHIAS, KARL
75 NORTH YONGE ST.
ORMOND BEACH FL 32174

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 13, 2000 Min. 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
PD
MATTHIAS, KARL
75 NORTH YONGE ST.
ORMOND BEACH FL 32174 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ 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:

SIC **REQUIRED**

7-13-00

677-0020

Date

Daytime Phone #

CR2E034 (15/00)

DALE J. ABBOTT
CERTIFIED PUBLIC ACCOUNTANT

DOC # L'161'16

309126

July 17, 2000

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL. 32302-1500

RE: Europa Tech, Inc.
FEI 59-3011998

Dear Department:

Enclosed you will find the 2000 Uniform Business Report for the above name corporation, along with a check payable to the Department of State for \$150.00. I am requesting that you waive the late filing penalty as the shareholder did NOT receive the initial report.

Your cooperation in this matter is appreciated.

Sincerely,



Dale J. Abbott

cc: Matt Karl