

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000350

1. Entity Name

EURO-MED TRADING COMPANY, L.C.

APPROVED
AND
FILED

00 SEP 26 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

216 W. COLLEGE AVENUE
SUITE 202
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 1328
TALLAHASSEE FL 32302

2. Principal Place of Business

1904 Miccosukee Rd

3. Mailing Address

P.O. Box 1328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste #9

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Country

Zip

Country

32308

32302-1328

4. FEI Number

59-3507716

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGSTON, D. LANCE ESQ
1017 THOMASVILLE RD
SUITE C
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Same

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

303 Desoto Street

City

Tallahassee

FL

Zip Code

32303

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/MANAGERS

TITLE MGR ☐ Delete
NAME VANDERCREEK, WILLIAM
STREET ADDRESS P.O. BOX 1328 N/A
CITY-ST-ZIP TALLAHASSEE FL 32302-1328

TITLE MGR ☐ Delete
NAME VANDERCREEK, PETER D
STREET ADDRESS P.O. BOX 10404, N/A
CITY-ST-ZIP TALLAHASSEE FL 32302-2404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 800003410548
STREET ADDRESS -10/02/00-01010-D19
CITY-ST-ZIP *****55.00 *****55.00

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

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

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

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 REQUIRED
William Vandercreek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9-26-2000

Date

850/561-9147

Daytime Phone #

CR2E083 (5/00)