

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003376 AF

DOCUMENT # L96000000350

1. Entity Name  
EURO-MED TRADING COMPANY, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -1 AM 9:53

Principal Place of Business  
1904 MICCOSUKEE RD., STE. 9  
TALLAHASSEE FL 32308

Mailing Address  
P.O. BOX 1328  
TALLAHASSEE FL 32302-328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3507716

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGSTON, D. LANCE ESQ  
303 DESOTO ST.  
TALLAHASSEE FL 32303

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

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME 700004216927--9  
STREET ADDRESS -05/15/01--01057--005  
CITY-ST-ZIP \*\*\*\*\*111.25 ☐ Change ☐ Addition

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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: William Vandercreek 5/1/01 850-561-9147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)