

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L990000001909

00 MAY -6 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

EURO-AMERICAN CARPENTRY LLC

Principal Place of Business: SANTA ROSA COUNTY, FL. 6478 Hwy 90  
Mailing Address: MILTON, FL. 32570

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
Zip: Country Zip: Country

4. FEI Number: 59-3569445  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
FRANK J. Bocchino  
ASSISTANT 230 ST. BARNABAS ST.  
PENSACOLA, FL. 32503

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: Frank J. Bocchino  
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: <u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME: <u>ASGEIR BJARNASON</u>	
STREET ADDRESS: <u>4845 Timberland DR., Pace, FL. 32570</u>	
CITY-ST-ZIP: <u>FL. 32570</u>	
TITLE: <u>FRANK J. Bocchino</u>	<input type="checkbox"/> Delete
NAME: <u>230 ST. BARNABAS ST.</u>	
STREET ADDRESS: <u>PENSACOLA, FL. 32503</u>	
CITY-ST-ZIP: <u>Vice Pres.</u>	
TITLE: <u>PRESIDENT MANAGER</u>	<input type="checkbox"/> Delete
NAME: <u>ASGEIR BJARNASON</u>	
STREET ADDRESS: <u>6478 HWY 90</u>	
CITY-ST-ZIP: <u>MILTON, FL. 32570</u>	
TITLE: <u>VICE-PRESIDENT MANAGER</u>	<input type="checkbox"/> Delete
NAME: <u>FRANK J. Bocchino</u>	
STREET ADDRESS: <u>6478 HWY 90</u>	
CITY-ST-ZIP: <u>MILTON, FL. 32570</u>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

10. ADDITIONS/CHANGES	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <u>000003273000</u>	
STREET ADDRESS: <u>-06/07/00--01014--019</u>	
CITY-ST-ZIP: <u>*****50.00 *****50.00</u>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Frank J. Bocchino Date: 4/5/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #: (850) 324-1483  
(850) 627-0780

CR2E083 (1/99)