

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 28 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004490  
1. Entity Name European Business Corporation, LLC.

Principal Place of Business 10116 US Highway South Tampa, FL 33619, 4903  
Mailing Address 6822 22nd Ave N # 204 St. Petersburg, FL 33710-3918

2. Principal Place of Business 10116 US Highway South  
Suite, Apt. #, etc.  
City & State Tampa, FL  
Zip 33619-4903 Country USA  
3. Mailing Address 6822 22nd Ave N.  
Suite, Apt. #, etc. # 204  
City & State St. Petersburg, FL  
Zip 33710-3918 Country USA

MANM  
DO NOT WRITE IN THIS SPACE  
4. FEI Number  Applied For  Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
Kevin N. Dunn  
2511 Boca Ciega Dr.  
St. Petersburg, FL 33710-3696.

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 Kevin N. Dunn (NOTE: Registered Agent signature required when reinstating)  
DATE 26 April 00

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS  
TITLE Manager  Delete  
NAME Cliff Wilkins  
STREET ADDRESS 10 Kestrel Close, Fwshot  
CITY-ST-ZIP Ferham, Surrey GU10 5TW  
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  
TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES  
TITLE  Change  Addition  
NAME  
STREET ADDRESS 600003250986--5  
CITY-ST-ZIP -05/12/00--01097--016  
\*\*\*\*\*55.00 \*\*\*\*\*55.00  
TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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: Cliff Wilkins 26/4/00 44-1952 851297  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)