

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066304

1. Entity Name
EURUS CONSULTING, INC.

Principal Place of Business

17310 LAKE PARK RD
BOCA RATON FL 33487

Mailing Address

17310 LAKE PARK RD
BOCA RATON FL 33487

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROBERTS, GARY
17310 LAKE PARK RD
BOCA RATON FL 33487

4. FEI Number

X65-1025505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

X Arlene Tanis

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

17310 Lake Park Rd.

City

Boca Raton

FL

Zip Code

33487

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 X Arlene Tanis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	TANIS, ARLENE R	
STREET ADDRESS	17310 LAKE PARK RD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANIS, KARA C	
STREET ADDRESS	17310 LAKE PARK RD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X Arlene Tanis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

561 994 2655

Daytime Phone #

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90066 025 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)