

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072319

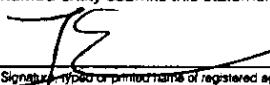
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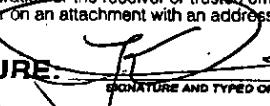
01 MAY -4 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6008 28TH STREET EAST
BRADENTON FL 34208

Mailing Address
6008 28TH STREET EAST
BRADENTON FL 34208

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERGMANN, MICHAELA C/O EURO-AMERICAN FINANCIAL SERVICES, INC. 1505 SE 40TH STREET STE C CAPE CORAL FL 33904		Name JOACHIM DURLACH Street Address (P.O. Box Number Is Not Acceptable) 6008 28th ST E City BRADENTON FL 34203	
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. Joachim Durlach (NOTE: Registered Agent signature required when reinstating) DATE 4-24-01	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURLACH, JOACHIM NEUFELDSTR 5, D-76456 KUPPENHIEN, GERMANY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOACHIM DURLACH 6008 28th ST E BRADENTON FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUSATZ, BRIGITTE NEUFELDSTR 5, D-76456 KUPPENHIEN, GERMANY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joachim Durlach 4-24-01 941-751-1672 Date 4-24-01 Daytime Phone #	

CR20034 (10/00)