

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

Feb 13, 2001 8:00 am
Secretary of State

01-29-2001 90031 028 ***150.00

DOCUMENT # P00000081628

1. Entity Name

EURA OF AMERICA, FINANCIAL CONSULTING, INC.

Principal Place of Business
709 CAPE CORAL PARKWAY W
CAPE CORAL FL 33914

Mailing Address
709 CAPE CORAL PARKWAY W
CAPE CORAL FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARMAR, MONIKA
709 CAPE CORAL PARKWAY W
CAPE CORAL FL 33914

Name: Christine F. Wright
Street Address (P.O. Box Number is Not Acceptable): 1105 Cape Coral Hwy E
City: Cape Coral FL Zip Code: 33904

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)

1/9/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGER, GERALD		NAME	
STREET ADDRESS	LEIBNIZSTRASSE 29 A - 68165 MANNHEIM		STREET ADDRESS	
CITY-ST-ZIP	GERMANY		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRLICH, RALF		NAME	
STREET ADDRESS	BATSCHKASTRASSE 10 - 67117 LIMBURGERHOF		STREET ADDRESS	
CITY-ST-ZIP	GERMANY		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUGLER, THOMAS S		NAME	
STREET ADDRESS	28 COUNTRY FARM LANE		STREET ADDRESS	
CITY-ST-ZIP	NEW MILFORD CT 06776		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: RUTH SCHADEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01
Date

941-541-9013
Daytime Phone #

CR2E034 (10/00)