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5. 71. 2001 386-323-1991

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 04, 2001 8:00 am DOCUMENT # P00000113114* **Secretary of State** EUROPEAN CRAFTSMEN, INC. 06-04-2001 90008 004 ***150.00 Principal Place of Business Mailing Address 926 FLOMICH ST 926 FLOMICH ST 661097 HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address 161 CARSWELL ANE 161 CARSWELL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3691655 City & State City & State Applied For HOUY HILL FL HOLLY HILL 32117 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired UŚA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -SCHOBERER-KURT F----Street Address (P.O. Box Number is Not Acceptable) 926 FLOMICH ST 1236 FLAGSTONE HOLLY HILL FL 32117 Zip Code 3 211 8 DAYTONA BEACH submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida PRESIDENT SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW! | FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 200 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payab i to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) PRESIDENT Delete TITLE Change KURT SCHOBERER NAME FLA CUTTONE DRIVE STREET ADDRESS STREET ADDRESS DAMTONA BEACH, FL 32118 CITY-ST-ZIP CITY-ST-7IP VICE PRESIDENT PATRICK SACKET Delete TITLE NAME SOL SCAVB PAK STARTS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FC 32119 SECRETARY TREASURER □ Change Addition ☐ Delete SCHOBERER NAME NAME FLAGSTONE BRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FC 32118 Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 n / 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if