

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91219 042 ***150.00

DOCUMENT # P01000037939

1. Entity Name
EUROPEAN LIGHTSOURCE, INC.

Principal Place of Business
5201 BLUE LAGOON DRIVE STE 100
MIAMI FL 33126

Mailing Address
5201 BLUE LAGOON DRIVE STE 100
MIAMI FL 33126

2. Principal Place of Business

894 Whippoorwill DR
 Suite, Apt. #, etc.

3. Mailing Address

894 Whippoorwill DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Port Orange, FL

City & State
PORT ORANGE, FL

4. FEI Number **applied**

Applied For
 Not Applicable

Zip **32127** Country **Volusia**

Zip **32127** Country **VOLUSIA**

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

REUS, ALEXANDER
5201 BLUE LAGOON DRIVE STE 100
MIAMI FL 33126

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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** ☐ Delete
 NAME **SCHILL, MIKE**
 STREET ADDRESS **5201 BLUE LAGOON DRIVE STE 100**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☒ Change ☐ Addition
 NAME **SCHILL Mike**
 STREET ADDRESS **894 Whippoorwill DR.**
 CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/02 (386) 304-3246

Date

Daytime Phone #

CR2E034 (9/01)