

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90013 017 ***150.00

DOCUMENT # P02000120412

1. Entity Name
ULI'S EUROPEAN ENTERPRISES, INC.



Principal Place of Business
112 ABALONE LANE WEST
PONTE BEACH, FL 32082-5

Mailing Address
112 ABALONE LANE WEST
PONTE BEACH, FL 32082-5

54022134



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-3029903 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

ADAMS, MICHEALYN C
4442 THIRD STREET *1171 Beach Blvd.*
Jacksonville Beach, FL
32250
NEPTUNE BEACH, FL 32266

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michealyn C. Adams*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/9/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | P |
| NAME | BAYER, CHRISTINA M |
| STREET ADDRESS | 112 ABALONE LANE WEST |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 |
| TITLE | VP |
| NAME | SMIT, BERHARD U <i>BERNHARD U.</i> |
| STREET ADDRESS | 100 GRANADA LANE |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *CHRISTINA M. BAYER - PRESIDENT* *3/9/04* *904-241-4969*
3-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #