

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90077 048 \*\*\*150.00

**DOCUMENT # P02000127524**

1. Entity Name  
**EUROPEAN EXPERIENCE INC.**



Principal Place of Business  
**600 GREENSWARD LANE  
103-KN  
DELRAY BEACH FL 33445**

Mailing Address  
**600 GREENSWARD LANE  
103-KN  
DELRAY BEACH FL 33445**



2. Principal Place of Business  
**600 GREENSWARD LN  
Suite, Apt. #, etc.  
103 - KN**

3. Mailing Address  
**600 GREENSWARD LN  
Suite, Apt. #, etc.  
103 - KN**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**DELRAY BCH., FL  
Zip 33445 Country USA**

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**DELRAY BCH., FL  
Zip 33445 Country USA**

4. FEI Number **47-0899441** Applied For  
Not Applicable

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

**FELSTEAD, VICTORIA  
600 GREENSWARD LANE  
103-KN  
DELRAY BEACH FL 33445**

Name **VICTORIA FELSTEAD**  
Street Address (P.O. Box Number is Not Acceptable)  
**600 GREENSWARD LN  
SUITE 103-KN  
City DELRAY BCH., FL Zip Code 33445**

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 **VICTORIA FELSTEAD, P** **FEB, 5, 2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P FELSTEAD, VICTORIA 600 GREENSWARD LANE # 103-KN DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **VICTORIA FELSTEAD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/04/03**

Date

Daytime Phone #

CR2E034 (10/02)