

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018103

1. Entity Name

EURO ARCHITECTURAL DESIGN, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90068 024 ***150.00

Principal Place of Business

5117 CASTELLO DR
1
NAPLES FL 34103

Mailing Address

5117 CASTELLO DR
1
NAPLES FL 34133-0279

2. Principal Place of Business

28000 Spanish Wells Blvd

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Bonita Springs, FL

Zip

34135

Country

Zip

34133

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0467566

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

AMBURN, JAMES
5117 CASTELLO DR
+
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

28000 Spanish Wells Blvd

Suite 200

City

Bonita Springs

FL

Zip Code

34135

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, 2000 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
NAME	DORN, HEINRICH	
STREET ADDRESS	11283 LONGSHORE WAY EAST	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORN, INGRID	
STREET ADDRESS	11283 LONGSHORE WAY EAST	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORN, HEINRICH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORN, INGRID	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.27.2000.

Date

Daytime Phone #

CR2E034 (9/99)