

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022169

1. Entity Name

EURO-FLORIDA INVESTMENTS CORPORATION

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90066 041 ***150.00

Principal Place of Business

Mailing Address

14848 OLD US 41
UNIT 6
NAPLES FL 34110
US

14848 OLD US 41
UNIT 6
NAPLES FL 34110
US

2. Principal Place of Business

24916 FAIRWINDS LANE

3. Mailing Address

P. O. BOX 366458

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

65-0399047

Applied For

Not Applicable

Zip

Country

34135

USA

Zip

Country

34136-6458

USA

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

SCHWARZ, BERNHARD
14848 OLD US 41
UNIT 6
NAPLES FL 34110

Name

BERNHARD SCHWARZ

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

24916 FAIRWINDS LANE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

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 PVT
NAME SCHWARZ, BERNHARD
STREET ADDRESS 14848 OLD US 41, UNIT 6
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE PVTSD
NAME SCHWARZ, BERNHARD
STREET ADDRESS 24916 FAIRWINDS LANE
CITY-ST-ZIP BONITA SPRINGS, FL 34135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

Schwarz, B. Schwarz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/00

Daytime Phone #

941 949 9093

CR2E034 (9/99)