

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90263 008 ***158.75

DOCUMENT # P93000036235



1. Entity Name

EuroConsult, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1108 Pheasant Circle

3. Mailing Address

1108 Pheasant Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER SPRINGS, Florida

City & State

Winter Springs, Florida

4. FEI Number

593184199

Applied For

Not Applicable

Zip

32708

Country

U.S.A.

Zip

32708

Country

U.S.A.

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name OSCAR KAALSTAD

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

1108 Pheasant Circle

City

Winter Springs

FL

Zip Code

32708

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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

Oscar Kaalstad

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/05

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME OSCAR KAALSTAD
STREET ADDRESS 1108 Pheasant Circle
CITY-ST-ZIP WINTER SPRINGS, Florida 32708

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Oscar Kaalstad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/05

407-696-0478

CR2E034B (12/02)