2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P93000076605** 1. Entity Name EURO-FLORIDA MARKETING CORPORATION 04-19-2000 90086 045 ***150.00 Mailing Address Principal Place of Business 14848 OLD U S 41 14848 OLD 41 UNIT 6 LINIT 6 NAPLES FL 33963 NAPLES FL 34110 HS UŠ 3. Mailing Address P. O. Box 366458 Principal Place of Business 24916 FAIRWINDS LANE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3209082 BONITA SPRINGS, FL BONITA SPRINGS, FL Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 4135 3<u>4136-6458</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNHARD SCHWARZ SCHWARZ, BERNARD Street Address (P.O. Box Number is Not Acceptable) 14848 OLD US 41 UNIT 6 24916 FAIRWINDS LANE NAPLES FL 34410 City BONITA SPRINGS 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 (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SPTD TITI F Change Addition TITLE ☐ Delete SCHWARZ, BERNHARO SCHWARZ, BERNHARD NAME NAME STREET ADDRESS 24916 FAIRWINDS LANG STREET ADDRESS 14848 OLD 41 UNIT6 BONITA SPRINGS, FL 34135 CITY-ST-ZIP NAPLES FL CITY-ST-7IP Change ☐ Addition ☐ Defete STANLEY, SIGRID T. TITLE TITLE STANLEY, SIGRID T. NAME 24916 FHIRWNOS LANG 14848 OLD 41 UNIT 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP BONITY SPRINGS, FL 34185 ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP