2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # P93000079385 1. Entity Name EUROPEAN ACCENT BUILDERS, INC. 05-24-2000 90084 033 ***150.00 Principal Place of Business Mailing Address 20 HAMPTON CIRCLE 20 HAMPTON CIRCLE NICEVILLE FL 32578 NICEVILLE FL 32578-3937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3215444 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Brunnacker, Falko D 20 HAMPTON CIRCLE Hompson NICEVILLE FL 32578 Cifficeville 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 FILE-NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 **⊠** Delete TITLE TITLE BRUNNACKER, FALKO NAME NAME STREET ADDRESS STREET ADDRESS 20 HAMPTON CIRCLE CITY-ST-ZIP CITY-ST-7IP NICEVILLE FL 32578 **Change** ☐ Addition TITLE TITLE ☐ Delete Kordula I. NAME RIEGER, KORDULA I NAME STREET ADDRESS STREET ADDRESS 20 HAMPTON CIRCLE CITY-ST-7IP CITY-ST-ZIP NICEVILLE FL 32578 Change - 🗖 - Addition -☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN NG OFFICER OR DIRECTOR