

FILE NUM: FILING FEE AFTER MAY 1 IS \$20.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Murnen
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081421 (8)

1. Corporation Name

EUROPEAN BODY SHOP, INC.

Principal Place of Business

**3221 E HILLSBOROUGH AVE
TAMPA FL 33610**

Mailing Address

**3221 E HILLSBOROUGH AVE
TAMPA FL 33610**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/19/1993

34. Date of Last Report

03/21/1994

4. FEI Number

59-2104630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**MARTUCCI, FELIPE
7008 MUCK POND RD
SEFFNER FL 33584**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **MARTUCCI, FELIPE**
STREET ADDRESS **7008 MUCK POND RD**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **STD**
NAME **MARTUCCI, ZELICA**
STREET ADDRESS **7008 MUCK POND RD**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or limited partner empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with my address.

SIGNATURE

JOSE MARTUCCI

4/15/95

(Date)

(Type/print name)