

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000083428**

0481

1. Entity Name
EURO VI, INC.**FILED****Apr 03, 2001 8:00 am**
Secretary of State

04-03-2001 90057 031 ***150.00

Principal Place of Business
**4350 W CYPRESS ST
STE 250
TAMPA FL 33607
US**Mailing Address
**4350 W CYPRESS ST
STE 250
TAMPA FL 33607
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0475426**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****AMEURCO MGMT INC
4350 W. CYPREE ST
STE 250
TAMPA FL 33607**

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	BESSEM, HERMAN	4350 W CYPRESS ST, STE 250	TAMPA FL 33607	
	P			
	BESSEM, HERMAN	KONINGINEGRACHT 7, 2514 AA DEN HAAG	DEN HAAG TH	
	EVP			
	BURDGE, BRUCE D	4350 W CYPRESS ST, STE 250	TAMPA FL 33607	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE D. BURDGE
EXECUTIVE VICE PRESIDENT

Date

3/26/01

Daytime Phone #

(813)
253-8800

CR2E034 (10/00)