

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90214 031 ***158.75

DOCUMENT # P93000083428

1. Entity Name
EURO VI, INC.



Principal Place of Business
**4300 W. CYPRESS STREET
STE 1075
TAMPA, FL 33607 US**

Mailing Address
**4300 W. CYPRESS STREET
STE 1075
TAMPA, FL 33607 US**

54039420



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0475426

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMEURCO MGMT INC
4300 W. CYPRESS STE 1075
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BESSEM, HERMAN**
STREET ADDRESS **4300 W CYPRESS ST STE 1075**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **P** ☒ Delete
NAME **BESSEM, HERMAN**
STREET ADDRESS **KONINGINEGRACHT 7, 2514 AA DEN HAAG**
CITY-ST-ZIP **DEN HAAG, TH**

TITLE **EVP** ☒ Delete
NAME **BURDGE, BRUCE D**
STREET ADDRESS **4300 W. CYPRESS STREET STE 1075**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **S** ☒ Delete
NAME **DE JAEGER, ROMAIN**
STREET ADDRESS **KONINGINEGRACHT 7, 2514 AA DEN HAAG**
CITY-ST-ZIP **DEN HAAG, TH**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EVP** ☐ Change ☒ Addition
NAME **Michael E. Spiker**
STREET ADDRESS **4300 W. Cypress St., Suite 1075**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE **VP** ☐ Change ☒ Addition
NAME **Romain De Jaeger**
STREET ADDRESS **4300 W. Cypress St., Suite 1075**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Herman Bessem**
STREET ADDRESS **4300 W. Cypress St., Suite 1075**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Romain De Jaeger**
STREET ADDRESS **4300 W. Cypress St., Suite 1075**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Michael E. Spiker**
STREET ADDRESS **4300 W. Cypress St., Suite 1075**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 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

4/20/04

Date

813-353-8800

Daytime Phone #