

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90381 020 \*\*\*150.00

**DOCUMENT # P95000002092**

**1. Entity Name**  
**EURO VII, INC.**

**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**

**2. Principal Place of Business**

**4300 W. Cypress Street**  
**Suite 1075**  
**Tampa, FL 33607**

**3. Mailing Address**

**4300 W. Cypress Street**  
**Suite 1075**  
**Tampa, FL 33607**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**65-0552188**

**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**  
**4350 W CYRESS ST**  
**STE 250**  
**TAMPA FL 33607**

**7. Name and Address of New Registered Agent**

**Name**

**4300 W. Cypress Street, Suite 1075**  
**Tampa, FL 33607**

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

(NOTE: Registered Agent signature required when reinstalling)

**BRUCE D. BURDGE**  
**EXECUTIVE VICE PRESIDENT**

**APR 4 2002**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**11. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **BESSEM, HERMAN**  
**STREET ADDRESS** **4350 W CYPRESS ST, STE 250**  
**CITY-ST-ZIP** **TAMPA FL 33607**

**TITLE** **EVP** ☐ Delete  
**NAME** **BURDGE, BRUCE D**  
**STREET ADDRESS** **4350 W CYPRESS ST, STE 250**  
**CITY-ST-ZIP** **TAMPA FL 33607**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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

**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:**

**BRUCE D. BURDGE**  
**EXECUTIVE VICE PRESIDENT**

**APR 4 2002**  
DATE

**813-**  
**353-8800**  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)