

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90110 007 \*\*\*150.00

**DOCUMENT # P95000023401**

1. Entity Name  
**EUROPEAN HOLIDAY HOMES, INC.**

Principal Place of Business Mailing Address  
**790 WIGGINS PASS DR., BLDG 16, UNIT 101** **790 WIGGINS PASS DR., BLDG 16, UNIT 101**  
**NAPLES FL 34108** **NAPLES FL 34108**

2. Principal Place of Business 3. Mailing Address  
**790 WIGGINS LAKE DR** **790 WIGGINS LAKE DR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**BLDG 16 UNIT 101** **BLDG 16 UNIT 101**  
 City & State City & State  
**NAPLES FL** **NAPLES FL**  
 Zip Country Zip Country  
**34110 USA** **34110 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0633940** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**LOUBIER, RUTH A**  
**5245 BIG PINE WAY, STE. 101**  
**FORT MYERS FL 33907**

## 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HAMM, KARL WERNER</b> <b>SINZERSTRASSE 38</b> <b>66706 NENNIG/PERL GERMANY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HAMM, SYLVIE</b> <b>SINZERSTRASSE 38</b> <b>66706 NENNIG/PERL GERMANY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **HAMM SYLVIE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**15-08-2002**

Date Daytime Phone #

CR2E034 (9/01)