

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086935

1. Entity Name

EURO-AMERICAN FINANCIAL SERVICES, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90126 044 ***150.00

Principal Place of Business

Mailing Address

5117 CASTELLO DR

5117 CASTELLO DR

1
NAPLES FL 34103
US

1
NAPLES FL 34133-0279
US

2. Principal Place of Business

28000 Spanish Wells Blvd

3. Mailing Address

P.O. Box 299

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

Country

34135

Zip

Country

34133

4. FEI Number

65-0619676

Applied For

Not Applicable

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

AMBURN, JAMES W

5117 CASTELLO DR

1

NAPLES FL 34103

Name

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

28000 Spanish Wells Blvd

City

Bonita Springs

FL

Zip Code

34135

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
AMBURN, JAMES W
5117 CASTELLO DR, STE 1
NAPLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

28000 Spanish Wells Blvd
Bonita Springs, FL 34135

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

James W Amburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-992-3355