

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058522

1. Entity Name

TRANQUILITY BAY DEVELOPMENT, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90068 019 \*\*\*150.00

Principal Place of Business

C/O EURO-AMERICAN FINANCIAL SERVICES, INC.  
5447 CASTELLO DRIVE-SUITE 1  
NAPLES FL 34103

Mailing Address

C/O EURO-AMERICAN FINANCIAL SERVICES, INC.  
5447 CASTELLO DRIVE-SUITE 1  
NAPLES FL 34103-1902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28000 Spanish Wells Blvd.

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

Zip

34133

Country

4. FEI Number

65-0711032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMBURN, JAMES  
5117 CASTELLO #11  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

28000 Spanish Wells Blvd

Suite 200

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ECKERMANN, JOERN	BROOKDEICH 16, D-21029	HAMBURG, GERMANY	<input type="checkbox"/>
D	ECKERMANN, REINER DR	U BIER STE 2	D65719 HOFHEIM GERMANY	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DPS	ECKERMANN JOERN	BROOKDEICH 16	21029 HAMBURG, GERMANY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DTV	ECKERMANN, REINER DR.	UBIER STR. 2	65719 HOFHEIM, GERMANY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/99)