

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-23-2002 90381 023 ***150.00

DOCUMENT # P96000104017

1. Entity Name
EURO AMERICAN INVESTORS GROUP USA, INC.

Principal Place of Business
**4350 WEST CYPRESS STREET
 SUITE 250
 TAMPA FL 33607**

Mailing Address
**4350 WEST CYPRESS STREET
 SUITE 250
 TAMPA FL 33607**



2. Principal Place of Business
 S 4300 W. Cypress Street
 Suite 1075
 C Tampa, FL 33607

3. Mailing Address
 4300 W. Cypress Street
 Suite 1075
 Tampa, FL 33607

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3418219** Applied For
 Not Applicable

Zip Country Zip Country

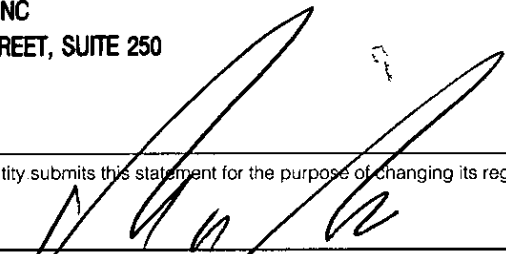
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMEURCO MGMT INC
 4350 CYPRESS STREET, SUITE 250
 TAMPA FL 33607**

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

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  **BRUCE D. BURDGE** EXECUTIVE VICE PRESIDENT **APR 4 2002**
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EV	<input type="checkbox"/> Delete
NAME	BURDGE, BRUCE D	
STREET ADDRESS	4350 WEST CYPRESS STREET, SUITE 250	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BESSEM, HERMAN	
STREET ADDRESS	KONINGINNEGRACHT 7, 2514 AA DEN HAAG	
CITY-ST-ZIP	THE NETHERLANDS OC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4300 W. Cypress Street, Suite 1075	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** 813-353-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)