

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90904 010 \*\*\*150.00

UNIFORM  
AV

**DOCUMENT # P96000104017**

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



Principal Place of Business  
**4300 W. CYPRESS ST  
STE 1075  
TAMPA FL 33607**

Mailing Address  
**4300 W. CYPRESS ST  
STE 1075  
TAMPA FL 33607**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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  
4300 W. CYPRESS ST  
STE. 1075  
TAMPA FL 33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **BRUCE D. BURDGE** *1/31/03*  
Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent's signature is required when reinstating.) DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EV**  Delete  
NAME **BURDGE, BRUCE D**  
STREET ADDRESS **4300 W. CYPRESS ST, STE 1075**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **BESSEM, HERMAN**  
STREET ADDRESS **KONINGINNEGRACHT 7, 2514 AA DEN HAAG**  
CITY-ST-ZIP **THE NETHERLANDS OC**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **Herman Bessem**  
STREET ADDRESS **4300 W. Cypress St.**  
CITY-ST-ZIP **Suite 1075**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Tampa, FL 33607**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **Romain de Jaeger**  
STREET ADDRESS **Koninginnegracht 7**  
CITY-ST-ZIP **2514 AA Den Haag**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **The Netherlands**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **BRUCE D. BURDGE** *1/31/03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EXECUTIVE VICE PRESIDENT DATE Daytime Phone #

CR2E034 (10/02)