

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90089 005 ***150.00

DOCUMENT # P97000002775

1. Entity Name

EUROPEAN INTERIOR DESIGN, INC.

Principal Place of Business

Mailing Address

15052 S.E. 40TH STREET
SUITE C
CAPE CORAL FL 33904

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SUITE C
CAPE CORAL FL 33904

B0005896



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4106 SE 20TH PLACE
Suite, Apt. #, etc.
C6

4531 DELEON ST
Suite, Apt. #, etc.
110

City & State
CAPE CORAL FL

City & State
FT. MYERS, FL

4. FEI Number
65-0717682

Applied For
Not Applicable

Zip
33904

Country
LEE

Zip
33907

Country
LEE

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

H.S. BLAIR & ASSOCIATES, INC.
15052 S.E. 40TH STREET
SUITE C
CAPE CORAL FL 33904

Name
VASANTA SENERAT, CPA

Street Address (P.O. Box Number is Not Acceptable)
4531 DELEON ST #110

City
FT. MYERS **FL** Zip Code
33907

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 **VASANTA SENERAT, CPA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/00
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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERBELDING-LANDWEHR, RITA AM REICHSBURG 8 82346 ANDECHS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDWEHR, PETER AM REICHSBURG 8 82346 ANDECHS	<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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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

01/12/00

Date

Daytime Phone #