2000 UNIFORM BUSINESS REPO[redacted]R)

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03-15-2000 90084 018 ***150.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000009409

1. Entity Name

EUROPEAN FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
5117 CASTELLO DR.	5117 CASTELLO DR.
NAPLES FL 34103	SUITE 103
US	NAPLES FL 34103-1902
	US

2. Principal Place of Business	3. Mailing Address
12741 World Plaza Lane	12741 World Plaza Lane
Suite, Apt # etc. Building 84 Suite 2	Suite, Apt # etc. Building 84 Suite 2
City & State Fort Myers	City & State Fort Myers
Zip 33907 Country Florida	Zip 33907 Country Florida

4. FEI Number 59-3539448 ☐ 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~~	Name Michael Rau
~~5117 CASTELLO DR. STE 1~~	Street Address (P.O. Box Number is Not Acceptable) 12741 World Plaza Lane, Bld. Bld 84 Suite 2
~~NAPLES FL 34103~~	City Fort Myers FL Zip 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 [signature] 06-29-00

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	PVSD RAU, MICHAEL W PFEIFERTALSTRASSE 7-B D-67685 EULENBIS GERMANY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVPSTD Rau michael 4135 S.W. 22nd Court, Cape Coral FL 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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: [signature] MICHAEL RAU ... ED 03-10-2000 (941) 274 7818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE