

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90150 003 ***150.00

DOCUMENT # P97000033832

1. Entity Name

EURO INTERNATIONAL FINANCING, INC.

Principal Place of Business

10391 S TAMiami TRAIL
 PUNTA GORDA FL 33950
 US

Mailing Address

P.O. BOX 512713
 PUNTA GORDA FL 33951-2713
 US

2. Principal Place of Business

1861 Placida Road
 Suite, Apt. #, etc.
 Suite 204

3. Mailing Address

1861 Placida Road
 Suite, Apt. #, etc.
 Suite 204

City & State
 Englewood Florida

City & State
 Englewood, Florida

Zip 34223 Country U.S.A.

Zip 34223 Country U.S.A.

4. FEI Number 65-0800487

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
 1861 PLACIDA RD STE. 204
 ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

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.

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, 2001 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
 PTSD
 GUNDERSON, MIKO P
 1861 PLACIDA RD STE 204
 ENGLEWOOD FL 34223 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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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 (10/00)