2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # P97000058220 **Secretary of State** 1. Entity Name EURO/FLORIDA FUNDINGS, INC. 02-11-2002 90148 034 ***150.00 Principal Place of Business Mailing Address 3521 BONITA BAY BLVD. 3521 BONITA BAY BLVD. BONITA SPRINGS FL 34134 **BONITA SPRINGS FL 34134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0856835 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kenneth J. O'Leary Street Address (P.O. Box Number is Not Acceptable) 3521 Bonita Bay Blvd. FAGA, ANTONIO 375 TWELFTH AVENUE SOUTH NAPLES FL 34134 City Bonit<u>a Springs</u> 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 Kenneth J. O'Leary SIGNATURE (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10: Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition ☐ Detete TITLE TITLE # BAHMS, MICHAEL NAME NAME Kenneth J. O'Leary STREET ADDRESS 1331 OLD OAK LANE STREET ADDRESS 3521 Bonita Bay Blvd. NAPLES FL 34100 CITY-ST-ZIP CITY-ST-7IP Bonita Springs, FL 34134 Change ☐ Delete TITLE Addition ٧S TITLE NAME BAHMS, PETRA NAME STREET ADDRESS STREET ADDRESS 1331 OLD OAK LANE CITY-ST-ZIP CITY-ST-ZIP -NAPLES FL 34100 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bahms 1-24-02

(941)948-0014

FILED

Daytime P

CR2E034 (9/01)