## 2002 Uniform Business Report (UBR)

of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 09, 2002 8:00 am Secretary of State P97000065145 DOCUMENT # 1. Entity Name 04-09-2002 91179 042 \*\*\*150.00 THE F3IESENLEGER, INC. Principal Place of Business Mailing Address 3901 BONITA BEACH RD 28819 WINTHROP CIRCLE **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134** U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0772675 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EURO-AMERICAN FINANCIAL SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 5117 CASTELLO DR. NAPLES FL 34103 City 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE PSTD ☐ Change ☐ Addition ☐ Delete TITLE NAME VUCKOVIC, SLOBODAN NAME 28819 WINTHROP CIRCLE STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME SCHMITZ, DOROTHEA NAME STREET ADDRESS STREET ADDRESS 28819 WINTHROP CIR **BONITA SPGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VUCKOVIC, MIRJANA NAME STREET ADDRESS 28819 WINTHROP CIR STREET ADDRESS CITY-ST-ZIP **BONITA SPGS FL 34134** CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 option of director 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 option of the control of the c

OR DIRECTOR BONINGS.

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