FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am P97000068675 DOCUMENT # **Secretary of State** 1. Entity Name EURO CHAMPION PRODUCTS, INC. 07-31-2001 90242 026 ***550.00 Principal Place of Business Mailing Address 6626 WEST ATLANTIC AVE 6626 WEST ATLANTIC AVE DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 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 59-3475137 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUBSKY, VACLAV P Street Address (P.O. Box Number is Not Acceptable) 6626 WEST ATLANTIC AVE **DELRAY BEACH FL 33446** 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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 -TITLE Delete TITLE ☐ Addition ☐ Change **DURINA. PAVEL** NAME NAME 16782 ROSE APPLE DRIVE STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33445-7062 CITY-ST-ZIP CITY-ST-ZIP TITLE SM ☐ Delete TITLE ☐ Change ☐ Addition DUBSKY, VACLAV P NAME 18256 181ST CIRCLE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET_ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 appendicess, with all other like empowered.

changed, or on an attache

Manager

561-638-7868