

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90006 037 \*\*\*150.00

**DOCUMENT #** P97000081974

1. Entity Name

**EURO MED CREDIT BANCORP. INC.**

Principal Place of Business

Mailing Address

**CORPORATION  
 SERVICE CO.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

**770 W. COLLINS  
 Suite 104  
 CASPER WY82601-2300**

00070336

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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, 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 ☐ Delete

NAME **D**  
 STREET ADDRESS **HECKMANN J.P.**  
 CITY-ST-ZIP **CENTRAL HOUSE**  
**582-586 KINGSBURY ROAD**

TITLE ☐ Delete

NAME **U.K. BIRMINGHAM B24 9ND**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

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 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 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 an address, with all other like empowered.

**SIGNATURE:**

*JENN PAUL HECKMANN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JUNE 15/2000*

Date

Daytime Phone #

CR2E034 (9/99)

siouxfalls

PW 70326

De : corphelp <corphelp@mail.dos.state.fl.us>  
À : 'siouxfalls' <services@societefiduciaire.com>  
Envoyé : lundi 17 avril 2000 18:33  
Objet : RE: EURO MED CREDIT BANCORP. INC.

Annual reports are now known as uniform business reports. The 2000 uniform business report is due for the corporation before May 1st. The directors can be changed on this form.

Uniform business reports are not available for download, but the forms can be ordered to be received by mail from our webpage at [www.sunbiz.org](http://www.sunbiz.org).

Click

on "Obtain Filing Forms". Choose "Forms By Mail". Fill out the request form and select whichever form(s) you need. Click on "SUBMIT". We will get your request and fill it promptly.

Once you have received the report, please complete and submit the form as quickly as possible. Attach a copy of your e-mail request, which will show that a request was made prior to May 1st, to insure that late fees are not applied.

Jennifer  
Internet Access

-----Original Message-----

From: siouxfalls [mailto:siouxfalls@libertysurf.fr]  
Sent: Tuesday, May 06, 1997 9:50 AM  
To: corphelp@mail.dos.state.fl.us  
Subject: EURO MED CREDIT BANCORP. INC.

REF. P97000081974  
EURO MED CREDIT BANCORP INC.

DEAR SIRS

LET ME KNOW THE AMOUNT OF THE ANNUAL FILING FEES.

I NEED ALSO A CHANGE OF DIRECTORS FORM.

BEST REGARDS