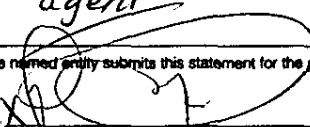
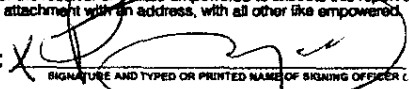


2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 30 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000096143			
1. Entity Name Eurmerica Financial Management			
Principal Place of Business		Mailing Address	
862 Forestview Drive		Sarasota, Fla. 34232	
2. Principal Place of Business		3. Mailing Address	
Same as above		Same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country US	
Country US		4. FEI Number 59-3502591	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Paul Savage NOT sure of current agent		Name Paul Savage	
		Street Address (P.O. Box Number is Not Acceptable) 862 Forestview Drive	
		City Sarasota FL Zip Code 34232	
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:  (NOTE: registered Agent signature required when reappointing) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	President Paul Savage 862 Forestview Drive Sarasota, Fla. 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	60000421866 -05/16/01 -0104 ****300.00 ****300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	00-01 UBR
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 (DIRECTOR) Date Daytime Phone #			

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Page 2 of 2

Eurmerica Financial Management
862 Forestview Drive
Sarasota, Fla. 34232

April 27, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fla. 32302-1500

Re: Reinstatement of Corporation

Dear Sir or Madam,

We recently discovered that Eurmerica Financial Management is listed in your database as a dissolved corporation. Because of changes in our registered agent last year, we did not receive the proper filing forms and missed the May 1, 2000 deadline.

It wasn't until this year that we realized the corporation was dissolved. Upon the advice of your office, I am enclosing with this letter of explanation a check for \$300 to cover our 2000 and 2001 filing fees.

Please notify us as soon as possible at the address listed above if this does not satisfy your requirements.

Thank you,



Paul Savage
President
Eurmerica Financial Management