

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085564

1. Entity Name  
**THE EUDOXIA CORP.**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90032 001 \*\*\*150.00

Principal Place of Business      Mailing Address  
**3939 SOUTH CONGRESS AVENUE SUITE 108**      **3939 SOUTH CONGRESS AVENUE SUITE 108**  
**LAKE WORTH FL 33461**      **LAKE WORTH FL 33461-4119**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3939 So Congress Ave**      **3939 So Congress Ave**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**104**      **104**  
City & State      City & State  
**Lake Worth, FL**      **Lake Worth, FL**  
Zip      Zip      Country      Country  
**33461**      **33461**      **Palm Bch**      **Palm Bch**

4. FEI Number      **65-0873934**      Applied For  
Not Applicable

5. Certificate of Status Desired      ☐      **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SENGELAUB, PATRICIA**  
**3939 SOUTH CONGRESS AVENUE SUITE 108**  
**LAKE WORTH FL 33461**

## 7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	VEVERKA, LILLIAN	3636 WHITEHALL DR #101	WEST PALM BEACH FL 33401	<input type="checkbox"/>
VPD	SENGELAMB, PATRICIA	4946 LAUB LANE	W. PALM BEACH FL 33415	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Patricia Sengelamb**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/2000**      **561 969-1662**  
Date      Daytime Phone #

CR2E034 (9/99)