

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093090

1. Entity Name

NASH EURO HOLDING, INC.

Principal Place of Business

26511 CLARKSTON DRIVE
BONITA SPRINGS FL 34135

Mailing Address

26511 CLARKSTON DRIVE
BONITA SPRINGS FL 34135-2316

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

65-0885145 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDEN B INC
4419 DEL PRADO BLVD
STE 6
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name GOLDEN B, INC

Street Address (P.O. Box Number is Not Acceptable)
26511 CLARKSTON DR

City BONITA SPRINGS

FL

Zip Code 34135

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 D
NAME WEYERS, JUERGEN
STREET ADDRESS 4419 DEL PRADO BLVD 6
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE P
NAME ATTILA, REBECCA
STREET ADDRESS 4419 DEL PRADO BLVD STE 6
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME STAN GOODMAN
STREET ADDRESS 26511 CLARKSTON DR.
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/00

Date

Daytime Phone #

CR2F034 (0/00)