

2000 UNIFORM BUSINESS REPORT (UBR) *AMENDED*

DOCUMENT # P98000093090

1. Entity Name

NASH EURO HOLDING, INC.

APPROVED
AND
FILED

00 NOV 20 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
26511 Clarkston Dr. 26511 Clarkston Dr.
Bonita Springs, FL 34135 Bonita Springs, FL 34135

2. Principal Place of Business 3. Mailing Address
18570 Deep Passage Ln. 18570 Deep Passage Ln.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Myers Beach, FL Ft. Myers Beach, FL

4. FEI Number
65-0885145

Applied For
Not Applied For

Zip Country Zip Country
33931 Lee 33931 Lee

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

Golden B, Inc.
26511 Clarkston Drive
Bonita Springs, FL 34135

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

TITLE NAME ☒ Delete
D Weyers, Juergen
STREET ADDRESS 26511 Clarkston Dr.
CITY-ST-ZIP Bonita Springs, FL 34135

TITLE NAME ☐ Change ☒ Add
DSPT Kaisinger, Klaus
STREET ADDRESS 18570 Deep Passage Ln.
CITY-ST-ZIP Ft. Myers Beach, FL 33931

TITLE NAME ☒ Delete
P Goodman, Stan
STREET ADDRESS 26511 Clarkston Dr.
CITY-ST-ZIP Bonita Springs, FL 34135

TITLE NAME ☐ Change ☐ Add

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Add
500003478995-3
-11/28/00--0100-013
*****61.25 *****61.25

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Add

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Add

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Add

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, changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Klaus Kaisinger Dr 11/17/00

9415407007