## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P9900005805 1. Entity Name EURO XV. INC. 04-03-2001 90057 040 \*\*\*150.00 Principal Place of Business Mailing Address C/O EURO AMERICAN MANAGEMENT, INC. C/O EURO AMERICAN MANAGEMENT, INC. 4350 W CYPRESS STREET SUITE 250 4350 W CYPRESS STREET SUITE 250 **TAMPA FL 33607** TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 59-3558579 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Fee Required Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERICAN MANAGEMENT, INC Street 4350 W CYPRESS ST, STE 250 **TAMPA FL 33607** City se of changing its registered offige or registered agent, or both, in the State of Florida. 8. The above named entity submits this st BRUCE D. BURBGE SIGNATURE ered agent and title if applicable Signature, typed or p FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition EVP ☐ Change □ Delete TITLE TITLE BURDGE, BRUCE D NAME NAME 4350 W CYPRESS ST, STE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33607** CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 any final 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 of the all other like impowered.

EXECUTIVE VICE PRESIDENT

SIGNATURE:

BRUCE D. BURDGE