

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91751 002 ***150.00

DOCUMENT # P99000058196

1. Entity Name

EURO XVI, INC.

Principal Place of Business

**C/O EURO AMERICAN MANAGEMENT, INC.
 4350 W CYPRESS ST. SUITE 250
 TAMPA FL 33607**

Mailing Address

**C/O EURO AMERICAN MANAGEMENT, INC.
 4350 W CYPRESS ST. SUITE 250
 TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

**4300 W. Cypress Street
 Suite 1075
 Tampa, FL 33607**

**4300 W. Cypress Street
 Suite 1075
 Tampa, FL 33607**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3589072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMEURCO MANAGEMENT, INC.
 4350 W CYPRESS ST, SUITE 250
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name
 St **4300 W. Cypress Street, Suite 1075**
 City **Tampa, FL 33607**

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

**BRUCE D. BURDGE
 EXECUTIVE VICE PRESIDENT**

APR 4 2002

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, 2002 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 IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BURDGE, BRUCE D 4350 W CYPRESS ST STE 250 TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4300 W. Cypress Street Suite 1075 Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRUCE D. BURDGE
 EXECUTIVE VICE PRESIDENT**

APR 4 2002 813-353-8800

Date

Daytime Phone #

CR2E034 (9/01)