

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000065889**

1. Entity Name

EUROPA HEALTH, INC.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90455 006 ***150.00

Principal Place of Business

Mailing Address

6206 BENJAMIN RD
SUITE 314
TAMPA FL 33634PO BOX 22884
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 26133

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State TAMPA, FL

4. FEI Number 59-3590329

Applied For

Not Applicable

Zip

Country

Zip

Country

33629

USA

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

PYLE, TERRENCE F
707 DEL WEBB BLVD., WEST
SUN CITY CENTER FL 33573

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DPST
NAME BECKEL, JACOB J
STREET ADDRESS 6206 BENJAMINE RD SUITE 314
CITY-ST-ZIP TAMPA FL 33634 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME FORD, GINA
STREET ADDRESS 6206 BENJAMIN RD SUITE 314
CITY-ST-ZIP TAMPA FL 33634 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JACOB BECKEL Dir 1/22/01 813-882-4500

CR2E034 (10/00)