

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90038 033 \*\*\*150.00

**DOCUMENT # P99000068689**

1. Entity Name

**EURO-AMERICAN PROPERTIES, INC.**

Principal Place of Business

28000 SPANISH WELLS BLVD.  
 BONITA SPRINGS FL 34135

Mailing Address

28000 SPANISH WELLS BLVD.  
 BONITA SPRINGS FL 34135-2850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3591787

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EURO-AMERICAN FINANCIAL SERVICES, INC.**  
**5447 CASTELLO DRIVE**  
**SUITE 1**  
**NAPLES FL 34103**

Name

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

28000 Spanish Wells Blvd

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.

**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 IN 11

| TITLE | NAME            | STREET ADDRESS              | CITY-ST-ZIP     | <input type="checkbox"/> Delete |
|-------|-----------------|-----------------------------|-----------------|---------------------------------|
| D     | AMBURN, JAMES W | 5447 CASTELLO DRIVE SUITE 1 | NAPLES FL 34103 | <input type="checkbox"/>        |
|       |                 |                             |                 | <input type="checkbox"/>        |
|       |                 |                             |                 | <input type="checkbox"/>        |
|       |                 |                             |                 | <input type="checkbox"/>        |
|       |                 |                             |                 | <input type="checkbox"/>        |
|       |                 |                             |                 | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS           | CITY-ST-ZIP              | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|--------------------------|--------------------------|---------------------------------|-----------------------------------|
|       |      | 28000 Spanish Wells Blvd | Bonita Springs, FL 34135 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                          |                          | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                          |                          | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                          |                          | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                          |                          | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:

*James W. Amburn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Amburn

Date

11/10/00

Daytime Phone #

941-992-3355



DO NOT WRITE IN THIS SPACE