

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90037 036 \*\*\*150.00

DOCUMENT # **799 0000 70059**

1. Entity Name

**EUROPuzzle, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**29127 RIVERGATE Rm**

Suite, Apt. #, etc.

3. Mailing Address

**12157 W. LINEBAUGH**

Suite, Apt. #, etc.

**#306**

DO NOT WRITE IN THIS SPACE

City & State

**WESLEY CHAPEL FL**

City & State

**TAMPA FL**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip **33543**

Country

Zip **33626**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**RICHARD LIMMER**

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

**12157 W. LINEBAUGH #306**

City

**TAMPA**

FL

Zip Code

**33626**

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

**RICHARD LIMMER**

*Richard J Limmer*

**4-29-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **DP**  
NAME **ZOLTAN, KIRALLY**  
STREET ADDRESS **12157 W. LINEBAUGH #306**  
CITY- ST- ZIP **TAMPA FL 33626**

TITLE **D**  
NAME **LIMMER, RICHARD**  
STREET ADDRESS **12157 W. LINEBAUGH #306**  
CITY- ST- ZIP **TAMPA FL 33626**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

*Richard J Limmer*

**4-29-02**

**B13-926-2229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)