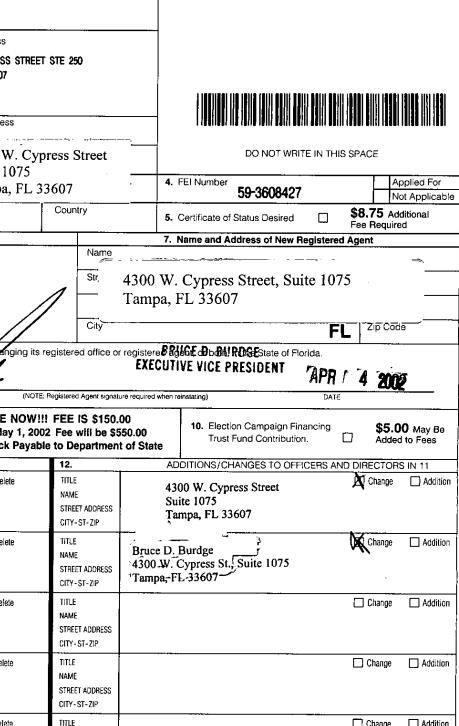
2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000075783 1. Entity Name EURO XIX, INC. Principal Place of Business Mailing Address 4350 W CYPRESS STREET STE 250 4350 W CYPRESS STREET STE 250 TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address 4300 W. Cypress Street 4300 W. Cypress Street **Suite 1075 Suite 1075** 4. FEI Number Tampa, FL 33607 Tampa, FL 33607 Zip Country Zip Country 6. Name and Address of Current Registered Agent AMEURCO MANAGEMENT, INC. Str

rne of registered agent and title if applicable

FILED Apr 23, 2002 8:00 am Secretary of State

04-23-2002 90381 018 ***150.00



Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		Trust Fund Contribution.	\	O May Be I to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY-ST-ZIP	D BESSEM, HERMAN 4350 W CYPRESS STREET STE 250 TAMPA FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sui	00 W. Cypress Street ite 1075 mpa, FL 33607	Change	☐ Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	DEVP BURGE, BRUCE D 4350 W CYPRESS ST STE., 250 TAMPA FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce D. 1 4300 W. C	Cypress St., Suite 1075	Change .	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHP-ST-ZIP			☐ Change	☐ Addition

City

FILE NOW!!! FEE IS \$150.00

13. I hereby certify that the information supplied with his fling 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 amplitude to execute this effort as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee emp changed, or on an attachment with amadares 813-

SIGNATURE:

4350 W CYPRESS STREET STE 250

8. The above named entity submits this statement

Signature, typed or print

9. This corporation is eligible to satisfy its Intangible

TAMPA FL 33607

SIGNATIONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE D. BURDGE **EXECUTIVE VICE PRESIDENT**