## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000083219 1. Entity Name

FILED May 22, 2000 8:00 am

EUROPEAN HANDS INC.				Secretary of State				
Mailing Address			]	04-22-2000 9	0010	029 ****1	30.00	
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN	THIS S	PACE		
City & State City & State			4. F	El Number 2 (7/99) ()				
Zip	Zip Country		T-			8.75 Addi	tional	
t Registered Agent	<u> </u>		7. N	lame and Address of New Regis				ļ
		-Name						
REYNOLDS, LOREDANA 2142 E. SILVER SPRINGS BLVD., STE. 10 OCALA FL 34470		Street Address	Treet Address (P.O. Box Number is Not Acceptable)					
						1 7 Co 1		
		City			FL	Zip Code	! 	
for the purpose of changing its	s register	ed office or registe	red ag	ent, or both, in the State of Florida				
it and title if applicable. (NO	TE: Registere	d Agent signature require	d when re	instating)	DATE			}
Tax filing requirement and elects to do so. After MAY 1, 2000		will be \$550.00	ate	10. Election Campaign Financi Trust Fund Contribution,		\$5.0 Added	May Be to Fees	
D DIRECTORS	12.		AC	DITIONS/CHANGES TO OFFICE	S AND	DIRECTORS	S IN 11	1_
☐ Delete		-				☐ Change	Addition	66/6)
STREET ADDRESS 2142 E. SILVER SPRING BLV4. STR		EET ADDRESS						CR2E034 (9/99)
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☐ Delete	10	1				☐ Change	Addition	}
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		P P				<del> </del>		]
vith this filing does not qualify	for the ex	emption stated in S	Section	119.07(3)(i), Florida Statutes. I fui	ther ce	rtify that the	information	
	2142 E. SILVER SPRINGS OCALA FL 34470-8208  3. Mailing Address Suite, Apt. #, etc. City & State Zip Registered Agent  10  And title if applicable. (NO After MAY 1, 2 Make Check Paya DEIRECTORS Delete Delete Delete Delete Delete	2142 E. SILVER SPRINGS BLVD STOCALA FL 34470-8208  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Count  Registered Agent  In the purpose of changing its registers  Re After MAY 1, 2000 Fee Make Check Payable to D  DEBRECTORS 12.  Delete TITE  NAM  STR  CITY  Delete TITE  Dele	2142 E. SILVER SPRINGS BLVD STE. 10  OCALA FL 34470-8208  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	2142 E. SILVER SPRINGS BLVD. STE. 10 OCALA FL 34470-8209  3. Mailling Address Suite, Apt. #, etc.  City & State Zip Country S. City Street Address (P.O. B  City Or the purpose of changing its registered office or registered ag  A and title if applicable.  (NOTE: Regulatered Agent signature required when re  A tend title if applicable.  (NOTE: Regulatered Agent signature required when re  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  DDIRECTORS 12.  AC  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mailing Address 2142 E. Silver SPRINGS BLVD. STE. 10 OCALA FI. 34470-9208  3. Mailing Address Suite, Apt. 4, etc.  City & State  Do Not Write In  City & State  J. FEI Number  97. 35.79991.0  Zip  Country  Street Address (P.O. Box Number is Not Acceptable)  City  City  Or the purpose of changing its registered offlice or registered agent, or both, in the State of Florida.  X and tite if application.  (NOTE Registered Agent signature required when rainstating)  Attent MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  Directors  12. ADDITIONS/CHANGES TO OFFICE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELET  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELET  TITLE  NAME  STREET ADDRESS	Mailing Address 2142 E. SILVER SPRINGS BLVD. STE. 10 OCALA F. 344704208  3. Mailing Address  Suite, Apt. #, etc.  City & State  DO NOT WRITE IN THIS S  City & State  7. Name and Address of New Registered Agent  Northe purpose of changing its registered office or registered agent, or both, in the State of Florida.  Red Stere MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  DD DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND  TILE  NAME STREET ADDRESS CITY-ST-ZP  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZP	Mailing Address  142 E. SLVER SPRINGS BLVD. STE. 10  OCALA Ft. 34479-8208  3. Mailing Address  Suite, Apt. #, etc.  City & State  City & State  DO NOT WRITE IN THIS SPACE  A. FEI Number  St. 75 Add  St. 75 Add  St. 75 Add  St. 75 Add  Inopistered Agent  Name  Note Registered office or registered agent, or both, in the State of Florida.  To the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Address (P.O. Box Number is Not Acceptable)  The FILE NOW!!! FEE IS \$160.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  DORCORS  Deere  The NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P  Delete  THE  NAME  SIRET ADDRESS  OITY-S1-2P	Mailing Address 2142 E SLVER SPRINGS BRVD. STE 10  OCALA FL 34474308  3. Mailing Address  Suite, Apt. #, etc.  Do NOT WRITE IN THIS SPACE  City & State  Suite, Apt. #, etc.  Do NOT WRITE IN THIS SPACE  City & State  Size Country  S. Cartificate of Status Desired   \$8.75 Additional Fee Required  Name  Name and Address of New Registered Agant  Name and Address of New Registered Agant  Note Inspired Agant  Note Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  or the purpose of changing its registered office or registered agant, or both, in the State of Florida.  New of this 4 applicates.  (NOTE Registered Agant agants departed reparted when remailability)  Date  File Now! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$50.00  Make Check Payable to Department of State  DO DIRECTORS  Delete  The Now SITEST ADDRESS CITY-ST-ZIP  Delete  The Now SITEST ADDRESS CITY-ST-ZIP  Delete  The Now SITEST ADDRESS CITY-ST-ZIP  Delete  Title  Charge   Addition  Addition  Addition  Addition  Addition  Charge   Addition  Charge   Addition  Charge   Addition  Addition  Charge   Addition  Charge   Addition  Charge   Addition  Charge   Addition  Charge   Addition  Charge