

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90026 027 \*\*\*150.00

0384074

**DOCUMENT # S40788**

1. Entity Name  
**EURO-VILLAGE, CORP.**

Principal Place of Business  
**1670 EDITH ESPLANADE  
 CAPE CORAL FL 33904**

Mailing Address  
**1670 EDITH ESPLANADE  
 CAPE CORAL FL 33904**

00037674



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3613 DEL PRADO BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**CAPE CORAL, FL**

4. FEI Number **65-0252184**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33904**

Country

**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

**MANSSON, ANDERS  
 1670 EDITH ESPLANADE  
 CAPE CORAL FL 33904**

Name **MANSSON ANDERS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3613 DEL PRADO BLVD**  
 City **CAPE CORAL** **FL** Zip Code **33904**

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

*[Handwritten Signature]*

**3/1/01**

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 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	
	<b>D</b>	<b>MANSSON, ANDERS</b>	<b>1670 EDITH ESPLANADE</b>	<b>CAPE CORAL FL</b>	<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
	<b>MANSSON ANDERS</b>	<b>3613 DEL PRADO BLVD.</b>	<b>CAPE CORAL, FL 33904</b>	<input checked="" 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"/>
				<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 an other like empowered.

SIGNATURE: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/01**

Date

Daytime Phone #

**941-549-7400**

CR2E034 (10/00)