

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90195 020 \*\*\*150.00

**DOCUMENT # S79803**

1. Entity Name  
**EUROTYPE, INC.**



Principal Place of Business

**375 DOUGLAS AVENUE  
SUITE 1008**

**ALTAMONTE SPRINGS FL 32714**

Mailing Address

**375 DOUGLAS AVENUE  
SUITE 1008**

**ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**620 DOUGLAS AVE.**

3. Mailing Address

**620 DOUGLAS AVE.**

Suite, Apt. #, etc.

**SUITE 1308**

Suite, Apt. #, etc.

**SUITE 1308**

City & State

**ALTAMONTE SPRINGS FL**

City & State

**ALTAMONTE SPRINGS FL**

Zip

**32714**

Country

**USA**

Zip

**32714**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3093859**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DURKET, STEVEN LORNE  
210 CROWN POINT CIR  
STE 108  
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SIERING, PATRICIA**  
STREET ADDRESS **1372 BRANCH HILL CT**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ Delete  
NAME **BUCHAU, VOLKER**  
STREET ADDRESS **6245 LINNEAL BEACH DR**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/2/03**

**(407) 869-9955**

CR2E034 (10/02)