

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # S81135 . . .

**1. Entity Name
EUROTECH OF PALM BEACH COUNTY, INC.**



**Principal Place of Business
2354 N. MILITARY TRAIL
SUITE 204
WEST PALM BEACH, FL 33409**

**Mailing Address
2354 N. MILITARY TRAIL
SUITE 204
WEST PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0289642

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAGY, TERESA
17324 FOXTRAIL LN
LOXAHATCHEE, FL 33470**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000084865
03/11/04-80024-025 150.00

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**
DP
NAGY, DEZI
17324 FOX TRAIL LANE
LOXAHATCHEE, FL

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**
STD
NAGY, TERESA
17324 FOX TRAIL LANE
LOXAHATCHEE, FL

**TITLE
NAME
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**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 13.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Teresa Nagy Teresa Nagy 3/8/04 561-656-1896