

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059831

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90992 039 ***150.00

1. Entity Name
GERMSTOPPER MANAGEMENT CORPORATION

Principal Place of Business 26 SEA MARSH ROAD AMELIA ISLAND FL 32034 US	Mailing Address 26 SEA MARSH ROAD SUITE 1004 AMELIA ISLAND FL 32034-5045 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 26 SEA MARSH RD. Suite, Apt. #, etc.
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City & State AMELIA ISLAND, FL	4. FEI Number 59-3455971	Applied For <input type="checkbox"/> Not Applicable
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Zip 32034	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
TODD, WILLIAM M
26 SEA MARSH ROAD
~~**SUITE 2000**~~
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent
 Name **TODD, WILLIAM M.**
 Street Address (P.O. Box Number is Not Acceptable)
26 SEA MARSH ROAD
 City **AMELIA ISLAND FL** Zip Code **32034**

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 *William M. Todd* **WILLIAM M. TODD** DATE **4/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD, WILLIAM M 26 SEA MARSH ROAD AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Germstopper Management Corp.* **William M. Todd, Chairman** DATE **4/28/00** Daytime Phone # **(904) 277-4406**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)