2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 425100** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name GERMAINE & ASSOCIATES REALTY, INC. 04-12-2000 90065 018 ***150.00 Principal Place of Business Mailing Address 1850 VICTORIA AVE. 1850 VICTORIA AVE. FORT MYERS FL 33901-3429 FORT MYERS FL 33901 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1459735 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GERMAINE, PAUL R Street Address (P.O. Box Number is Not Acceptable) 1850 VICTORIA AVE FT MYERS FL 33901 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition **PST** ☐ Delete TITLE TITLE GERMAINE, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 1850 VICTORIA AVE. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- -- Delete ☐ Addition TITLE THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME a- \$2-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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 trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if