

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90322 023 \*\*\*158.75

**DOCUMENT # 514557**

1. Entity Name  
**SWISS & GERMAN INVESTMENTS, INC.**



Principal Place of Business  
**326 GRANDVIEW AVENUE  
DAYTONA BEACH FL 32015**

Mailing Address  
**4367 N FED HWY STE 204  
FORT LAUDERDALE FL 33308-5213**

**22001728**



2. Principal Place of Business

3. Mailing Address

**326 Grandview Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Daytona Beach**

4. FEI Number **59-1866102**

Applied For

Not Applicable

Zip

Country

Zip

**FL 32015**

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

**JOHNSON, RONALD  
326 GRANDVIEW AVENUE  
DAYTONA BEACH FL 32015**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HISAM, HORST G.  
1151 N ATLANTIC BLV #5-A  
FT. LAUDERDALE FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**K. John P. Yipman  
43676 Canfield Wick Square  
Leesburg, VA 20176** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HISAM, URSULA  
1151 N ATLANTIC BLV #5-A  
FT. LAUDERDALE FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**the same as above** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HISAM, THORSTEN G  
140 SPRINGWOOD DR  
DAYTONA BCH FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Dr. Thorsten G. Hisam  
42917 Nashua Str.  
Ashburn, VA 20147** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Dr. Horst G. HISAM 1-19-03 703 737 7389**

Date

Daytime Phone #

CR2E034 (10/02)