

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # A18280**1. Entity Name
PORT ST. LUCIE WAREHOUSE, LTD.

Principal Place of Business	Mailing Address
TOWER PLACE, STE. 2995 3340 PEACHTREE ROAD, N.E. ATLANTA GA 30326	TOWER PLACE, STE. 2995 3340 PEACHTREE ROAD, N.E. ATLANTA GA 30326

2. Principal Place of Business	3. Mailing Address
1618 SE VILLAGE GREEN DRIVE #19 Suite, Apt. #, etc.	3405 PIEDMONT ROAD, N.E. Suite, Apt. #, etc.

City & State	City & State
PORT ST. LUCIE FL	ATLANTA GA

Zip	Country	Zip	Country
34952	US	30305	US

4. FEI Number	Applied For
59-2493939	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUGH GAGE B 2102 SOUTH 29TH STREET FORT PIERCE FL 34947 US	Name HUGH GAGE B Street Address (P.O. Box Number is Not Acceptable) 2011 SOUTH 25TH STREET City FORT PIERCE FL Zip Code 34947

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 05/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 950,000.00	10. Amount of Capital Contributions in FLORIDA to date. 950,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GERMANIA OF AMERICA, INC 3340 PEACHTREE RD., N.E. SUITE 2996 ATLANTA GA 30326	STREET ADDRESS CITY-ST-ZIP	3405 PIEDMONT ROAD, N.E., SUITE 550 ATLANTA GA 30305
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: HUGH B. GAGE, JR. V 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)