

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001576

1. Entity Name

GERMSTOPPER LTD.

Principal Place of Business

620 DOUGLAS AVE., SUITE 1304
ALTAMONTE SPRINGS FL 32714

Mailing Address

26 SEA MARSH RD.
AMELIA ISLAND FL 32034-5045

2. Principal Place of Business

26 SEA MARSH RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

AMELIA ISLAND, FL

City & State

Zip

32034

Country

USA

Country

4. FEI Number

59-3457695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TODD, WILLIAM M

26 SEA MARSH RD.

AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$200.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # P97000059831
NAME GERMSTOPPER MANAGEMENT CORPORATION
STREET ADDRESS 26 SEA MARSH RD.
CITY-ST-ZIP AMELIA ISLAND FL 32034

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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

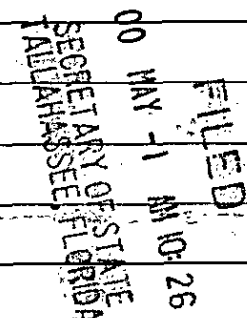
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE



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****141.25 ****141.25

By: *Germstopper Ltd.*
Germstopper Management Corp. Gen. Part.
Signature

4/28/00

(904) 277-4406

(681) 100 250