## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # J11392 May 17, 2000 8:00 am Secretary of State GERMAIN OF NAPLES, INC. 05-17-2000 90942 002 \*\*\*150.00 Principal Place of Business Mailing Address 13303 NORTH TAMIAMI TRAIL % GERMAIN OF NAPLES. INC 13315 NORTH TAMIAMI TRAIL NAPLES FL 33963 NAPLES FL 34110-6338 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2669450 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERMAIN, ROBERT L. JR. Street Address (P.O. Box Number is Not Acceptable) 13315 NORTH TAMIAMI TRAIL NAPLES FL 33963 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D.V.S.T. ☐ Addition Change ☐ Delete TITLE TITLE Germain, Robert L., Jr. GERMAIN, ROBERT L. JR. NAME NAMÉ 13315"N. Tamiami Trail 2107 21ST COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33940 Naples, Florida 34110 Change \_.X Addition TITLE N Delete TITLE GERMAIN, RICHARD B. Germain, Robert E., Sr: NAME STREET ADDRESS 4740 RIVERSIDE DRIVE STREET ADDRESS 713329 N Tamiami Tráil COLUMBUS OH 43220 CITY-ST-ZIP CITY-ST-ZIP Naples, Florida 34110 ' Addition TITLE Delete TITLE D.V.S. -GERMAIN, STEPHEN L. NAME NAME Germain; Stephen L. STREET ADDRESS 166 STANBERRY AVENUE STREET ADDRESS CITY-ST-ZIP **BEXLEY OH 43209** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE 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-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 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:

SIGNATURE AND TYPED OBJECTED NAME OF SIGNING OFFICER OR DIRECTOR