

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

05-16-2001 90186 016 *****8.75
 08-06-2001 90072 050 ***150.00

DOCUMENT # J11392

1. Entity Name

GERMAIN OF NAPLES, INC.

Principal Place of Business

**13303 NORTH TAMiami TRAIL
 NAPLES FL 33963**

Mailing Address

**% GERMAIN OF NAPLES, INC
 13315 NORTH TAMiami TRAIL
 NAPLES FL 33963**

2. Principal Place of Business

13491 NORTH Tamiami Tr

3. Mailing Address

SAME AS LISTED

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FLA

City & State

FIA, NAPLES

4. FEI Number

59-2669450

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

34110

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GERMAIN, ROBERT L. JR.
 13315 NORTH TAMiami TRAIL
 NAPLES FL 33963**

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. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	GERMAIN, ROBERT L. JR.	
STREET ADDRESS	13315 N TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GERMAIN, ROBERT L SR	
STREET ADDRESS	13329 N TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	GERMAIN, STEPHEN L.	
STREET ADDRESS	5777 SCARBOROUGH BLVD	
CITY-ST-ZIP	COLUMBUS OH 43232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 info empowered.

SIGNATURE: **SIGNATURE REQUIRED** **ROBERT L. GERMAIN Jr 9/30/01 941-592-5550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8099800
 AV

CR2E034 (5/01)