

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90891 018 \*\*\*158.75

DOCUMENT # **511392** ✓

1. Entity Name

GERMAIN OF NAPLES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

113491 North Tamiami Trail

3. Mailing Address

13315 North Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

59-2669450

Applied For

Not Applicable

Zip

34110

Country

Zip

34110-6338

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Germain, Robert L., Jr.

Street Address (P.O. Box Number is Not Acceptable)

13315 North Tamiami Trail

City

Naples

FL

Zip Code

34110-6338

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVST  
Germain, Robert L., Jr.  
13315 North Tamiami Trail  
Naples, FL 34110

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DF  
Germain, Robert L., Sr.  
13329 North Tamiami Trail  
Naples, FL 34110

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVS  
Germain, Stephen L.  
5777 Scarborough Blvd.  
Columbus, OH 43232

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AS  
McCarthy, Sean H.  
4130 Morse Crossing  
Columbus, OH 43219

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Germain JR.

Date

Daytime Phone #

CR2E034B (12/01)