

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

55041175

DOCUMENT #J11392			
1. Entity Name GERMAIN OF NAPLES, INC.			
Principal Place of Business 13491 NORTH TAMAMI TR NAPLES, FL 34110		Mailing Address 13315 NORTH TAMAMI TR NAPLES, FL 34110	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-2669450		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		68.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERMAIN, ROBERT L. JR. 13315 NORTH TAMAMI TRAIL NAPLES, FL 33963		7. Name and Address of New Registered Agent Name William L. Rogers Street Address (P.O. Box Number is Not Acceptable) 800 Seagate Drive City Naples FL Zip Code 34103	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>William L. Rogers</u> <u>William L. Rogers</u> <u>5/12/03</u> Signature, printed or stamped name of registered agent and date of signature (NOTE: Registered Agent's signature required when terminating)			
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GERMAIN, ROBERT L. JR. 13315 N TAMAMI TRAIL NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GERMAIN, ROBERT L. SR. 13329 N TAMAMI TRAIL NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GERMAIN, STEPHEN L. 6777 SCARBOROUGH BLVD COLUMBUS, OH 43232 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCCARTHY, SEAN H 4130 MORSE CROSSING COLUMBUS, OH 43219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowering.			
SIGNATURE: <u>Robert L. Germain Jr.</u>		Date <u>4/17/03</u> <u>2395928550</u>	
SIGNATURE AND TITLE OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR		Date	