

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90070 014 ***150.00

0420884

DOCUMENT # M77257

1. Entity Name
GEORGE M. GERMANN, P.A.

Principal Place of Business 5147 COMMERCIAL WAY SPRING HILL FL 34606 US	Mailing Address 5147 COMMERCIAL WAY SPRING HILL FL 34606 US
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2. Principal Place of Business 5327 COMMERCIAL WAY Suite, Apt. #, etc. PARK PLACE SUITE B109 City & State SPRING HILL FL Zip 34606	3. Mailing Address 5327 COMMERCIAL WAY Suite, Apt. #, etc. PARK PLACE SUITE B109 City & State SPRING HILL FL Zip 34606
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2895731	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GERMANN, GEORGE M.
 5147 COMMERCIAL WAY
 SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5327 COMMERCIAL WAY PARK PLACE SUITE B-109 City SPRING HILL FL Zip Code 34606

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 **GEORGE M. GERMANN** **3/29/01**
Signature, type 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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 PST	<input type="checkbox"/> Delete
NAME GERMANN, GEORGE M.	
STREET ADDRESS 5147 COMMERCIAL WAY	
CITY-ST-ZIP SPRING HILL FL	

TITLE D	<input type="checkbox"/> Delete
NAME GERMANN, GEORGE M.	
STREET ADDRESS 5147 COMMERCIAL WAY	
CITY-ST-ZIP SPRING HILL FL	

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	

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 5327 COMMERCIAL WAY, PARK PLACE SUITE B-109	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5327 COMMERCIAL WAY, PARK PLACE SUITE B-109	
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 like empowered.

SIGNATURE: **GEORGE M. GERMANN**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01
Date

352 576-0526
Daytime Phone #

CR2E034 (10/00)