## UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 19, 2002 8:00 am Secretary of State

03-19-2002 90018 032 \*\*\*150 00

| DOCUMENT # P01000086659  1. Entity Name  GERMANY CONSTRUCTION INC  |  |   | 7 03-19-2002 90018 032 *****130.00                        |                                |  |
|--|--|---|---|--------------------------------|--|
| DO NOT WRITE IN THIS SPACE   |  |   | 425719  |                                |  |
| 2 995 EUNIVERSITY AVE  |  | /E  |   |                                |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |   | DO NOT WRITE IN THIS SPACE                                |                                |  |
| City & State<br>ORANGE CITY FL   | City & State<br>ORANGE CITY FL.  |   | FEI Number 59- 37498 98                                   | Applied For Not Applicable     |  |
| 32720 Country USA  | Zip Cou  | USA 5.  | S \$  | 8.75 Additional<br>ee Required |  |
|  |  | 7. I<br>Name  | Name and Address of Current Registered                    | Agent                          |  |
| DO NOT WRITE   |  | STEVEN EDWARD GERMANY  Street Address (P.O. Box Number is Not Acceptable)  995 E UNIVERSITY AVE |   |                                |  |
| IN THIS SP   | ACE  | 333 L O   | 333 E GRIVERGITI AVE                                      |                                |  |
|  | <b>4</b> :   | ORANGE CITY   | r <sub>FL</sub> FL  | Zip <b>82720</b>               |  |
| 8. The above named entity submits this statement for   | the purpose of changing its registe  |   |   |                                |  |
| SIGNATURE Signature, typed or parted name of registered agent an   | d tale if applicable. (NOTE: Register  | ed Agent signature required wher  | rreinstang) DATE  |                                |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filling 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 Stat |   | 10. Election Campaign Financing, Trust Fund Contribution. | \$5.00 May Be<br>Added to Fees |  |
| 11. OFFICERS AND D   | IRECTORS TITE  | T T   |   | 9                              |  |
| NAME STREET ADDRESS STREE  |  |   |   | CRZE034B (12/01)               |  |
| TITLE TITLE TITLE NAME NAME STREET ADDRESS STR   |  | 1   |   | CRZEG                          |  |
|  |  | Y-ST-ZIP  |   |                                |  |
| NAME NAME STREET ADDRESS STR   |  | به باقیسیه و به ۱۳ می باشتیساخت   | DO NOT WRITE  |                                |  |
| I  |  | ME<br>EET ADDRESS   | IN THIS SPACE   |                                |  |
| CITY-ST-ZIP  TITLE  NAME  STREET ANDRESS   | TITU.  | AE .  |   |                                |  |
| STREET ADDRESS CITY-ST-ZIP   |  | EET ADDRESS<br>Y-ST-ZIP   |   |                                |  |
|  |  | 1   |   |                                |  |
| 13. I hereby certify that the information supplied with this filling 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: X Stephen Cermany Stephen Downey 3-1- un - Pres, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  District D |  |   |   |                                |  |