

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01016**

1. Entity Name  
**GERMANIA OF AMERICA, INC.**

Principal Place of Business 3340 PEACHTREE RD., NE, SUITE 2995  ATLANTA GA 30326	Mailing Address 3340 PEACHTREE RD., NE, SUITE 2995  ATLANTA GA 30326
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2. Principal Place of Business 3405 PIEDMONT ROAD, N.E.	3. Mailing Address 3405 PIEDMONT ROAD, N.E.
Suite, Apt. #, etc. SUITE 550	Suite, Apt. #, etc. SUITE 550
City & State ATLANTA GA	City & State ATLANTA GA
Zip 30305	Country US

4. FEI Number  
**58-1516988**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

GAGE HUGH BJR.  
 2102 S. 29TH ST.  
 FT. PIERCE FL  
 34947 US

**7. Name and Address of New Registered Agent**

Name  
 GAGE HUGH BJR.  
 Street Address (P.O. Box Number is Not Acceptable)  
 2011 S. 25TH STREET  
 City  
 FT. PIERCE FL Zip Code  
 34947

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 \_\_\_\_\_ **04/30/2001**  
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	ST HARROLD THOMAS J 1409 PEACHTREE STREET, NE ATLANTA GA 30309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM RATHKE ANDRFEAS M 3340 PEACHTREE RD., NE, SUITE 2995 ATLANTA GA 30326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAGE HUGH BJR. 3340 PEACHTREE RD., NE, SUITE 2995 ATLANTA GA 30326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAERBER RUDOLF 3340 PEACHTREE RD., NE, SUITE 2995 ATLANTA GA 30326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC WERNER HELMUT K 3340 PEACHTREE RD., NE, SUITE 2995 ATLANTA GA 30326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARROLD THOMAS J 1275 PEACHTREE ST., SEVENTH FLOOR ATLANTA GA 30309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM RATHKE ANDREAS M 3405 PIEDMONT ROAD, N.E., SUITE 550 ATLANTA GA 30305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAGE HUGH BJR. 3405 PIEDMONT ROAD, N.E., SUITE 550 ATLANTA GA 30305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAERBER RUDOLF 3405 PIEDMONT ROAD, N.E., SUITE 550 ATLANTA GA 30305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC WERNER HELMUT K 3405 PIEDMONT ROAD, N.E., SUITE 550 ATLANTA GA 30305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ANDREAS M. RATHKE** **VM** **04/30/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)