

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**2. Principal Place of Business**

3405 PIEDMONT ROAD, N.E.

Suite, Apt. #, etc.
SUITE 550City & State
ATLANTA GAZip Country
30305 US**3. Mailing Address**

3405 PIEDMONT ROAD, N.E.

Suite, Apt. #, etc.
SUITE 550City & State
ATLANTA GAZip Country
30305 US4. FEI Number
58-1516988Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGAGE 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 STREETCity Zip Code
FT. PIERCE FL 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) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

VM 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)