

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90012 021 ***550.00

DOCUMENT # P01016

1. Entity Name
GERMANIA OF AMERICA, INC.

Principal Place of Business

**3405 PIEDMONT ROAD, N.E.
 SUITE 550
 ATLANTA GA 30305
 US**

Mailing Address

**3405 PIEDMONT ROAD, N.E.
 SUITE 550
 ATLANTA GA 30305
 US**

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

58-1516988

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

7. Name and Address of New Registered Agent

**GAGE, HUGH B JR.
 2011 S. 25TH STREET
 FT. PIERCE FL 34947**

Name

Street Address (P.O. Box Number is Not Acceptable)

929 LIDO CIRCLE

City

NICEVILLE

FL

Zip Code

32578

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 *Hugh B. Gage, Jr.*
 Signature, type or printed name of registered agent and title if applicable

HUGH B. GAGE, JR. -VP
 (NOTE: Registered Agent signature required when reinstating)

9/5/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDC** ☐ Delete
 NAME **WERNER, HELMUT K**
 STREET ADDRESS **3405 PIEDMONT ROAD, N.E., SUITE 550**
 CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **FAERBER, RUDOLF**
 STREET ADDRESS **3405 PIEDMONT ROAD, N.E., SUITE 550**
 CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **GAGE, HUGH B JR.**
 STREET ADDRESS **3405 PIEDMONT ROAD, N.E., SUITE 550**
 CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VM** ☐ Delete
 NAME **RATHKE, ANDREAS M**
 STREET ADDRESS **3405 PIEDMONT ROAD, N.E., SUITE 550**
 CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **HARROLD, THOMAS J**
 STREET ADDRESS **1275 PEACHTREE ST., SEVENTH FLOOR**
 CITY-ST-ZIP **ATLANTA GA 30309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Hugh B. Gage, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02
 Date

404) 842-0088
 Daytime Phone #

CR2E034 (4/02)