

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1516988**

Applied For
 Not Applicable

Zip Country

Zip Country

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

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.* **HUGH B. GAGE, JR. -VP** 9/5/02
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 \$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	<input type="checkbox"/> Delete
NAME	WERNER, HELMUT K	
STREET ADDRESS	3405 PIEDMONT ROAD, N.E., SUITE 550	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FAERBER, RUDOLF	
STREET ADDRESS	3405 PIEDMONT ROAD, N.E., SUITE 550	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAGE, HUGH B JR.	
STREET ADDRESS	3405 PIEDMONT ROAD, N.E., SUITE 550	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	VM	<input type="checkbox"/> Delete
NAME	RATHKE, ANDREAS M	
STREET ADDRESS	3405 PIEDMONT ROAD, N.E., SUITE 550	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARROLD, THOMAS J	
STREET ADDRESS	1275 PEACHTREE ST., SEVENTH FLOOR	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE		<input type="checkbox"/> Delete
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
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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: *Hugh B. Gage, Jr.* **HUGH B. GAGE, JR.** 9/5/02 404) 842-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)