

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 91164 033 ***150.00

DOCUMENT # P02000105750

1. Entity Name
FILM GERMANE, INC.



Principal Place of Business
228 E. MELBOURNE AVE.
MELBOURNE FL 32901

Mailing Address
P. O. BOX 0981
MELBOURNE FL 32902

55045694



2. Principal Place of Business
825 Glenmore Circle

3. Mailing Address
PO Box 0981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Melbourne, FLORIDA

City & State
Melbourne, FLORIDA

4. FSI Number
02-064-6559

Applied For
Not Applicable

Zip
32901

Country
U.S.A

Zip
32902

Country
USA

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

GERMAINE, VASHTI B
228 E. MELBOURNE AVE.
MELBOURNE FL 32901

Name
Vashti B. Germaine
Street Address (P.O. Box Number is Not Acceptable)
825 Glenmore Circle
City
Melbourne FL Zip Code
32901

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 Vashti Germaine

DATE 3/15/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D GERMAINE, MICHAEL L. ☐ Delete
STREET ADDRESS
228 E. MELBOURNE AVE.
CITY-ST-ZIP
MELBOURNE FL 32901

TITLE
NAME
Germane, Michael L. ☒ Change ☐ Addition
STREET ADDRESS
825 Glenmore Circle
CITY-ST-ZIP
Melbourne, FL 32901

TITLE
NAME
D GERMAINE, VASHTI B. ☐ Delete
STREET ADDRESS
228 E. MELBOURNE AVE.
CITY-ST-ZIP
MELBOURNE FL 32901

TITLE
NAME
Germane, Vashti B. ☒ Change ☐ Addition
STREET ADDRESS
825 Glenmore Circle
CITY-ST-ZIP
Melbourne, FL 32901

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: Vashti Germaine

DATE 3/15/03

DAYTIME PHONE # 800 804-6558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)