— AMENDED —

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-16-2002 90104 029 ****61.25
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02 SEP 20 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022838

1. Entity Name
GOETHE PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
P.O. Box 2333	P.O. Box 2333
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRYSTAL RIVER FL	City & State: CRYSTAL RIVER FL
Zip: 34423 Country: USA	Zip: 34423 Country: USA

4. FEI Number: 59-3171175 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: RONALD D. DILLON

Street Address (P.O. Box Number is Not Acceptable): 589 S.E. Hwy. 19

City: CRYSTAL RIVER FL Zip Code: 34429

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D PST
NAME	HILDEGARD GOETHE
STREET ADDRESS	3470 STIRRUP DRIVE
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	D VP
NAME	HARTMUT GOETHE
STREET ADDRESS	3470 STIRRUP DRIVE
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	D. V.P.
NAME	RONALD D. DILLON
STREET ADDRESS	589 S.E. HWY. 19
CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9-3-02 352 795-5866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #