

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90043 025 ***150.00

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DOCUMENT # P94000091360

1. Entity Name
GERMAN SPECIALIST, INC.

Principal Place of Business
27565 GARRETT STREET
BONITA SPRINGS FL 33923

Mailing Address
P.O. BOX 279
BONITA SPRINGS FL 34133

938177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
27565 Garrett St

3. Mailing Address
27565 Garrett St

City & State
Bonita Springs

City & State
Bonita Springs

4. FEI Number **65-0552098**

Applied For
 Not Applicable

Zip **34135** County **FL**

Zip **34135** County **FL**

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

~~AMBURN, JAMES W~~
~~28000 SPANISH WELLS BLVD.~~
~~BONITA SPRINGS FL 34135~~

Name **Michael Langenhagen**
 Street Address (P.O. Box Number is Not Acceptable)
27565 Garrett St

City & State
Bonita Springs 1 FL 34135

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 **MBL Michael Langenhagen**

[Signature]

DATE **03/27/01**

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 Delete
D LANGENHAGEN, MICHAEL
 STREET ADDRESS **27565 GARRETT STREET**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE Change Addition
P.V.T.S
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **03/27/01**

DAYTIME PHONE # **941-777-3599**

CR2E034 (10/00)