2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2000 8:00 am DOCUMENT # **P97000041013** Secretary of State 1. Entity Name THE GERMAN BAKER BOY INC. 01-24-2000 90063 018 ***150.00 Principal Place of Business Mailing Address 595 A COREY AVE 595 A COREY AVE ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 33706-3681 905483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3450159 Not Applicable \$8.75 Additional Ζip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RADDANT, MARINA 1400 GULF BLVD. ST. PETERSBURG BEACH FL 33706 City Zip Code 8. The above named Initiy submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PDST** ___ Addition Delete TITLE TITLE RADDANI, DETLEF RADDANT, PETLEF NAME NAME STREET ADDRESS STREET ADDRESS 595 A COREY AVE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706 Addition ☐ Change TITLE Delete TITLE RADDANT, MARINA NAME NAME STREET ADDRESS STREET ADDRESS 595 A COREY AVE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change

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.

CITY-ST-ZIP

name Street address

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

01/17/00 (727) 360-8953

Daytime Phone #