

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059831

1. Entity Name

GERMSTOPPER MANAGEMENT CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90992 039 ***150.00

Principal Place of Business

26 SEA MARSH ROAD
AMELIA ISLAND FL 32034
US

Mailing Address

26 SEA MARSH ROAD
~~SUITE 1004~~
AMELIA ISLAND FL 32034-5045
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

26 SEA MARSH RD.

AMELIA ISLAND, FL

32034

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3455971

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TODD, WILLIAM M
26 SEA MARSH ROAD
~~SUITE 2000~~
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent

Name TODD, WILLIAM M.
Street Address (P.O. Box Number is Not Acceptable)
26 SEA MARSH ROAD
City AMELIA ISLAND FL Zip Code 32034

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 *William M. Todd*
WILLIAM M. TODD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/00
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 \$150.00
After MAY 1, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TODD, WILLIAM M	
STREET ADDRESS	26 SEA MARSH ROAD	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *William M. Todd, Chairman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

(904) 277-4406
Daytime Phone #

CR2E034 (9/99)