

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90134 043 ***150.00

DOCUMENT # P98000075654

1. Entity Name
GERMANIA INVESTMENTS INC.



Principal Place of Business: 1515 PINELLAS BAYWAY UNIT ~~4-14~~ 4-14 TIERRA VERDE FL 33715
 Mailing Address: 5400 PARK STREET NORTH C/O BECK ~~PH-9~~ STE PH-9 SAINT PETERSBURG FL 33709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1515 PINELLAS BAYWAY
 Suite, Apt. #, etc.: UNIT A-14
 City & State: TIERRA VERDE, FLORIDA
 Zip: 33715 Country: PINELLAS

3. Mailing Address: 5400 PARK STREET NORTH
 Suite, Apt. #, etc.: c/o BECK STE PH-9
 City & State: ST PETERSBURG, FLORIDA
 Zip: 33709 Country: PINELLAS

4. FEI Number: 36-4246208 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BECK, GEORGE J
 5400 PARK STREET NORTH
 SUITE PH-9
 SAINT PETERSBURG FL 33709

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) 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, 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTB TSCHIRSCHKE, WOLF DR. 6860 GULFPORT BLVD. STE. 900 ST. PETERSBURG FL 33707-2108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TSCHIRSCHKE, WOLF 5400 PARK STREET NORTH (BECK PH-9) ST PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEORGE J. BECK 5400 PARK STREET NORTH (PH-9) ST. PETERSBURG, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Tschirchke* *George J. Beck* 4-19-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #