

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000075654**

1. Entity Name

GERMANIA INVESTMENTS INC.**FILED****May 04, 2001 8:00 am
Secretary of State**

05-04-2001 90134 043 ***150.00

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**

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

PINELLAS4. 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

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

(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	PTD TSCHIERSCHE, WOLF DR. 6860 GULFPORT BLVD. STE. 900 ST. PETERSBURG FL 33707-2108	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD TSCHIERSCHE, WOLF 5400 PARK STREET NORTH (BECK PH-9) ST PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #