CR2E034 (10/02)

FILED

Jan 15, 2003 8:00 am

Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000004856 DOCUMENT

1. Entity Name



01-15-2003 90248 032 ***158.75 GERMAN SALES PROMOTION, CORP. Principal Place of Business Mailing Address 1650 LATHAM ROAD P.O. BOX 476 90002219 **STE 24 DELRAY BEACH FL 33447** WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0908204 Not Applicable Zip Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALTZ, RICHARD T Street Address (P.O. Box Number is Not Acceptable) 1650 LATHAN RD UNITE 24 WEST PALM BEACH FL 33409 City Zip Code 8. The above named anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept entity sub for the purpose of the obligations gistered SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change Addition NAME BALTZ, RICHARD T NAME STREET ADDRESS 1650 LATHAM ROAD STE 24 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 leport 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 of trustie empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attach

SIGNATURE:

Daytime Phone #