2000	UNIFORM BUS	INESS REPO	RT (UBR)			
DOCUMENT # P9900078036 1. Entity Name E THE: GERMAINEPCOMPANY			4 .	DIVISION OF CORPORATION	v	
				OI FEB -16 PM 2: 20		
Principal Plac	ce of Business	Mailing Address				
		P.O. Box 1233				
Braden	ton, FL 34206	Bradenton, FL	34206			
2. Principal f	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRIT≋ IN THIS SPACE		
City & Sta	te	City & State		4. FEI Number Applied For 65-0946522 Not Applied		
Zip	Country	Zip -	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	0.0	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
Wickman & Wyckoff, P.A.			Name		_	
4909 Manatee Avenue West Bradenton, FL 34209			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			0.5		_	
			City	FL Zip Code		
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistered office or reg	istered agent, or both, in the State of Florida.		
SIGNATURE	Jacu:l					
	figurature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature re	quired when reinstating) DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After SEPTEMBER 13 Make Check Payabl	a California de Referencia de California de California de California de California de California de California	Communication of the second control of the s	e	
11.	OFFICERS AND	Service of the servic	12,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\dashv	
	Director, Vice Presi	dent Delete	TITLE	☐ Change ☐ Addit	tion	
NAME STREET ADDRESS	Lena M. Gainer		NAME STREET ADDRESS			
CITY-ST-ZIP	P.O. Box 1233 Bradenton, FL 34206		CITY-ST-ZIP			
TITLE	Director, President	☐ Delete	TITLE	Change Addit		
NAME	James L. Spearman				I	
STREET ADDRESS -CITY-ST-ZIP	_		NAME `	8000037577782	-	
	P.O. Box 1233		STREET ADDRESS	8000037577782 -02/23/0101038007 ********	-	
	P.O. Box 1233 Bradenton, FL 34206		STREET ADDRESS CITY-ST-ZIP	****150.00 - ****150-00		
TITLE NAME	P.O. Box 1233		STREET ADDRESS	*****150,00 - ****150-00 □ Change □ Addit	tion	
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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 tife 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.

GNATURE

Lena M. Gainer

941-744-525 Lena M. C
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 5, 2000

والمعالمة المعارة

Florida Department of State Division of Corporations Reinstatement Section

Re: The Germaine Company

Doc.#: P99000078036

Dear Sir/Madame:

Enclosed with this correspondence is the 2000 Uniform Business Report for the above named corporation, as well as a check in the amount of \$150.00 payable to the Florida Dept. of State. It is our understanding that the corporation was administratively dissolved September 22, 2000 for failure to file the annual report.

This corporation was created last year, and the 2000 report is its first. The report form was not received by the corporation. Under the circumstances we respectfully request that the reinstatement penalty be waived.

Please do not hesitate to contact me at (941) 795-4091, or the address set forth on the 2000 UBR if you should need anything further. Thank you for your attention and assistance with this matter.

Sincerely,

ena M. Gainer Vice President