

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90005 039 \*\*\*150.00

**DOCUMENT # P00000001407**

1. Entity Name  
**G.F. BLUE HERON (FLORIDA) INC.**

Principal Place of Business % PETRA ROLLER.COAST-TO-COAST INMVESTMENT GROUP. INC.5051 CASTELLO DR..STE.17 NAPLES FL 34103	Mailing Address % PETRA ROLLER.COAST-TO-COAST INMVESTMENT GROUP. INC.5051 CASTELLO DR..STE.17 NAPLES FL 34103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>c/o COAST-TO-COAST REALTY</b> Suite, Apt. #, etc. <b>11232 TAHIAMI TRAIL N</b>	3. Mailing Address <b>c/o COAST-TO-COAST REALTY</b> Suite, Apt. #, etc. <b>11232 TAHIAMI TRAIL N</b>
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City & State <b>NAPLES FL</b>	City & State <b>NAPLES FL</b>	4. FEI Number <b>59-3618059</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34110-1640</b>	Country <b>USA</b>	Zip <b>34110-1640</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent ROLLER, PETRA COAST-TO-COAST INVEST GROUP, INC.,5051 CAS TELLO DR.,STE17 NAPLES FL 34103	7. Name and Address of New Registered Agent Name <b>PETRA ROLLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o COAST-TO-COAST REALTY</b> <b>11232 TAHIAMI TRAIL N</b> City <b>NAPLES FL</b> Zip Code <b>34110-1640</b>
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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 *P. Roller* *PIR PETRA ROLLER* *02/09/01*  
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.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALOS, IMRE</b> <b>QUELLENWEG 4,21514 KLEIN PAMPAU</b> <b>GERMANY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FUCHS, HARTWIG</b> <b>31 KINGS DR.</b> <b>SINGAPORE 266398</b>	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 J. Galos* *IMRE GALOS* *02/09/01*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03-2104

CR2E034 (10/00)