2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90519 031 ***150.00

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DOCUMENT # P02000045935

1. Entity Name
GERMAN LANGUAGE SCHOOL AND SERVICES, INC.

11004170

Principal Place of Business	Mailing Address
~~C/O COAST TO COAST INVESTMENT GROUP INC~~ ~~267 N COLLIER BLVD~~ ~~MARCO ISLAND FL 34145~~	~~C/O COAST TO COAST INVESTMENT GROUP INC~~ ~~267 N COLLIER BLVD~~ ~~MARCO ISLAND FL 34145~~
2. Principal Place of Business 2345 Stanford Court Suite, Apt. #, etc. Suite 603 City & State Naples FL Zip 34112 Country	3. Mailing Address 2345 Stanford Court Suite, Apt. #, etc. Suite 603 City & State Naples FL Zip 34112 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 75 3049915 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ROLLER, PETRA~~ ~~267 N COLLIER BLVD #204~~ ~~MARCO ISLAND FL 34145~~	Name: Helga Rehm-Honigfort Street Address (P.O. Box Number is Not Acceptable): 2345 Stanford Court Suite 603 City: Naples **FL** Zip Code: 34112

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE H. Rehm-Honigfort / Helga Rehm-Honigfort / 04-15-2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ REHM-HONIGFORT, HELGA ~~KRIEHILDSTR 10~~ ~~BIELEFELD GERMANY~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS REHM-HONIGFORT, HELGA ~~KRIEHHILDSTR. 10~~ ~~33615 BIELEFELD, GERMANY~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT HONIGFORT, MICHAEL ~~KRIEHHILDSTR. 10~~ ~~33615 BIELEFELD, GERMANY~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,P,S REHM-HONIGFORT, HELGA 2345 Stanford Ct. Suite 603 Naples, FL 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT HONIGFORT, DR. MICHAEL 2345 Stanford Ct. Suite 603 Naples, FL 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Rehm-Honigfort / Helga Rehm-Honigfort / 04-15-03 / 239-530-2600 / 239-263-8978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #