

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001407

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

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

03-14-2001 90005 039 ***150.00

Principal Place of Business Mailing Address
% PETRA ROLLER.COAST-TO-COAST INVESTMENT GROUP, INC.5051 CASTELLO DR..STE.17 NAPLES FL 34103
% PETRA ROLLER.COAST-TO-COAST INVESTMENT GROUP, INC.5051 CASTELLO DR..STE.17 NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
c/o COAST-TO-COAST REALTY c/o COAST-TO-COAST REALTY
Suite, Apt. #, etc. Suite, Apt. #, etc.
11232 TAHIAHI TRAIL N 11232 TAHIAHI TRAIL N

City & State City & State
NAPLES FL NAPLES FL
Zip Zip
34110-1640 USA 34110-1640 USA

4. FEI Number Applied For
59-3618059 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 PETRA ROLLER
Street Address (P.O. Box Number is Not Acceptable)
c/o COAST-TO-COAST REALTY
11232 TAHIAHI TRAIL N
City NAPLES FL Zip Code 34110-1640

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. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
D GALOS, IMRE			
QUELLENWEG 4,21514 KLEIN PAMPAU			
GERMANY			
D FUCHS, HARTWIG			
31 KINGS DR.			
SINGAPORE 266398			
		PIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		FUCHS, SABINE	
		31 KINGS DRIVE	
		SINGAPORE 266398	
		VIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		GALOS, SIGRID	
		QUELLENWEG 4	
		21514 KLEIN PAMPAU GERMANY	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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. IMRE GALOS* 02/09/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0020104

CR2E034 (10/00)