

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90661 035 \*\*\*150.00

**DOCUMENT # P00000001407**

1. Entity Name

**G.F. BLUE HERON (FLORIDA) INC.**

Principal Place of Business

**C/O COAST-TO-COAST REALTY  
 11232 TAMiami TRAIL N  
 NAPLES FL 34110-1640**

Mailing Address

**C/O COAST-TO-COAST REALTY  
 11232 TAMiami TRAIL N  
 NAPLES FL 34110-1640**

2. Principal Place of Business

3. Mailing Address

**c/o Coast-to-Coast Realty**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**267 N. Collier Blvd., # 204**

City & State

City & State

**HARCO Island, FL**

Zip

Country

Zip

**34145**

Country

**USA**

4. FEI Number

**59-3618059**

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  
 C/O COAST-TO-COAST REALTY  
 11232 TAMiami TRAIL N  
 NAPLES FL 34110**

Name

**ROLLER, PETRA**

Street Address (P.O. Box Number is Not Acceptable)

**C/O COAST-TO-COAST REALTY**

**267 N. COLLIER BLVD., # 204**

City

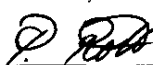
**HARCO ISLAND**

FL

Zip Code

**34145**

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  **PETRA ROLLER** **01/12/2002**

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, 2002 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 **D** ☐ Delete  
 NAME **GALOS, IMRE**  
 STREET ADDRESS **QUELLENWEG 4, 21514 KLEIN PAMPAU**  
 CITY-ST-ZIP **GERMANY**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **FUCHS, HARTWIG**  
 STREET ADDRESS **31 KINGS DR.**  
 CITY-ST-ZIP **SINGAPORE 286398**

TITLE **D** ☒ Change ☐ Addition  
 NAME **FUCHS, HARTWIG**  
 STREET ADDRESS **HASENBOEGE 17, 21514 KLEIN**  
 CITY-ST-ZIP **PAMPAU, GERMANY**

TITLE **PT** ☐ Delete  
 NAME **FUCHS, SABINE**  
 STREET ADDRESS **31 KINGS DRIVE**  
 CITY-ST-ZIP **SINGAPORE 28-6398**

TITLE **PT** ☒ Change ☐ Addition  
 NAME **FUCHS, SABINE**  
 STREET ADDRESS **HASENBOEGE 17,**  
 CITY-ST-ZIP **21514 KLEIN PAMPAU, GERMANY**

TITLE **VS** ☐ Delete  
 NAME **GALOS, SIGRID**  
 STREET ADDRESS **QUELLENWEG 4**  
 CITY-ST-ZIP **GERMANY**

TITLE **VS** ☒ Change ☐ Addition  
 NAME **GALOS, SIGRID**  
 STREET ADDRESS **QUELLENWEG 4**  
 CITY-ST-ZIP **21514 KLEIN PAMPAU, GERMANY**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

**02/23/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0502253 AV

CR2E034 (9/01)