2001 UNIFORM BUSINESS REPORT (UBR)

Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P0000038126 GLOBAL HOME SERVICE, INC. 04-14-2001 90005 017 ***150.00 Principal Place of Business Mailing Address C/O COAST-TO-COAST INVESTMENT GROUP. INC. C/O COAST-TO-COAST INVESTMENT GROUP, INC. 5051 CASTELLO DR., STE. 17 5051 CASTELLO DR., STE, 17 529634 NAPLES FL 34103 NAPLES FL 34103 c/o B.P. Financial, Inc/French Quarter 2000 c/o B.P. Financial, Inc/French Quarter 2000 DO NOT WRITE IN THIS SPACE 501 Goodlette Road N. D-100 501 Goodlette Road N. D-100 City & State City & State 4. FEI Number Applied For 59-363904) NAPLES NAPLES Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34102 3410Z USA US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROLLER, PETRA Gabrielle Hartmann C/O COAST-TO-COAST INVESTMENT GROUP, INC. 5051 CASTELLO DR., STE. 17 327 Emerald Bay Circle, #W-5 NAPLES FL 34103 NAPLES 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. GABRIELLE HARTMANN (NOTE: Registered Agent signature required when reinstating) re, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10.⇒ Election Campaign, Financing. \$5,00.May.Be≕ After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 77515 Change 1 TITLE Delete ZACHOW, RICHARD RICHARD ZACHOW NAME NAME **EUTINERSTRABE 30** STREET ADDRESS STREET ADDRESS 28219 BREMEN, GERMANY CITY-ST-ZIP CITY-ST-ZIP PITID TITLE Addition TIT! F ... Delete ZACHOW, SABINE NAME NAME SABINE ZACHOW **EUTINERSTRABE 30** STREET ADDRESS ADDRESS ST-71P 28219 BREMEN, GERMANY CITY-ST-7IP Change ☐ Addition Delete TITLE NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 divise 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 ddress other like empowered. RICHARD ZACHOW SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR