

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90227 024 \*\*\*150.00

**DOCUMENT # P00000038126**

**1. Entity Name**  
**GLOBAL HOME SERVICE, INC.**

**Principal Place of Business**  
**% RICHARD ZACHOW**  
**1000 PARTRIDGE CIRCLE #102**  
**NAPLES FL 34104**

**Mailing Address**  
**% RICHARD ZACHOW**  
**1000 PARTRIDGE CIRCLE #102**  
**NAPLES FL 34104**



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**City & State**

**4. FEI Number 59-3639041**

**Applied For**  
☐ **Not Applicable**

**Zip Country**

**Zip Country**

**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**

~~HARTMANN, GABRIELLE~~  
~~C/O COAST TO COAST INVESTMENT GROUP, INC.~~  
~~327 EMERALD BAY CIRCE W-5~~  
~~NAPLES FL 34110~~

**Name** EURO-AMERICAN FINANCIAL SERVICES INC.  
**Street Address (P.O. Box Number is Not Acceptable)** 28000 SPANISH WELLS BLVD.  
**City** BONITA SPRINGS **FL** **Zip Code** 34135

**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**

JAMES W. AMBURN

04/29/02

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZACHOW, RICHARD</b>		NAME		
STREET ADDRESS	<b>EUTINERSTRABE 30</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>28219 BREMEN, GERMANY</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZACHOW, SABINE</b>		NAME		
STREET ADDRESS	<b>EUTINERSTRABE 30</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>28219 BREMEN, GERMANY</b>		CITY-ST-ZIP		
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		
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		
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		
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		

**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:**

**NOT RECORDED**

R/z Richard V. Zachow

04/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)