

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000041973** ✓

1. Entity Name

**GERMAN-U.S. CONSULTING INC.**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90050 005 \*\*\*150.00

Principal Place of Business  
**c/o COAST-TO-COAST REALTY**  
**PETRA ROLLER**  
**11232 TAHIAHI TRAIL N**  
**NAPLES, FL 34110-1640**

Mailing Address  
**c/o COAST-TO-COAST REALTY**  
**PETRA ROLLER**  
**11232 TAHIAHI TRAIL N**  
**NAPLES, FL 34110-1640**

2. Principal Place of Business  
**c/o COAST-TO-COAST REALTY**

Suite, Apt. #, etc.  
**11232 TAHIAHI TRAIL N.**

City & State  
**NAPLES, FL**

Zip  
**34110-1640**

Country  
**USA**

3. Mailing Address  
**c/o COAST-TO-COAST REALTY**

Suite, Apt. #, etc.  
**11232 TAHIAHI TRAIL N.**

City & State  
**NAPLES, FL**

Zip  
**34110-1640**

Country  
**USA**

4. FEI Number  
**65-1002365**

Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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** **R / PETRA ROLLER**

DATE  
**02-19-01**

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  
**PVSTD**  
NAME  
**HOELZEL, BIRGIT**  
STREET ADDRESS  
**ERHLAND STR. 17**  
CITY-ST-ZIP  
**MUNICH, 81929 GERMANY**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ 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 holder of 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 address, title, other like empowered.

SIGNATURE: **B.K. Roller** **BH BIRGIT HOELZEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)