

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90049 026 \*\*\*150.00

F001984 AV

DOCUMENT # P00000041973

1. Entity Name

GERMAN - U.S. CONSULTING INC.

80052213



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 C/O COAST TO COAST REALTY, PETRA REALTY C/O COAST TO COAST REALTY, PETRA REALTY  
 11232 TAMiami TRAIL N 11232 TAMiami TRAIL N  
 NAPLES FL 34110 NAPLES FL 34110

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.  
 267 N. Collier Blvd. #204 267 N. Collier Blvd. #204  
 City & State City & State  
 Marco Island, FL Marco Island, FL  
 Zip Country Zip Country  
 34145 USA 34145 USA

4. FEI Number 65-1002365 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ROLLER, PETRA  
 C/O COAST TO COAST REALTY  
 11232 TAMiami TRAIL NORTH  
 NAPLES FL 34110

7. Name and Address of New Registered Agent  
 Name  
 ROLLER, PETRA  
 Street Address (P.O. Box Number is Not Acceptable)  
 C/O COAST TO COAST REALTY  
 267 N. COLLIER BLVD. #204  
 City MARCO 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 *P. Roller* *P. Roller* 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVTD	HOELZEL, BIRGIT	ERMLAND STR 17	81929 MUNICH GERMANY	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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: *P. Roller* REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.28.02  
 Date Daytime Phone #

CR2E034 (9/01)