

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90057 020 ***150.00

0429008

DOCUMENT # P96000065590

1. Entity Name
BREITHOFF, INC.

Principal Place of Business
3408 E LAKE RD
50
PALM HARBOR FL 34630

Mailing Address
162 SAND KEY ESTATES DR
CLEARWATER FL 34630

U0028031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1675 Country Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Dunedin, FL

4. FEI Number **59-3395006**

Applied For
 Not Applicable

Zip

Country

Zip

Country

34698-2301

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

RIKARTS, RENATE E
157-107 AVE
TREASURE ISLAND FL 33706

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|-------------------------|---------------------|---------------------------------|
| DP | BREITHOFF, SUSANNE | 162 SAND KEY ESTATES DR | CLEARWATER BEACH FL | <input type="checkbox"/> |
| VPST | BREITHOFF, PETER | 162 SAND KEY ESTATES DR | CLEARWATER FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|--------------------------|--------------------------|--|-----------------------------------|
| | | <i>1675 Country Lane</i> | <i>Dunedin, FL 34698</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | <i>1675 Country Lane</i> | <i>Dunedin, FL 34698</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Susanne Breithoff* *Susanne Breithoff* 727-736-9422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)