

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90060 033 \*\*\*150.00

0299882

**DOCUMENT # H81024**

1. Entity Name  
**BRECHT APPRAISALS, INC.**

Principal Place of Business

**2060 NW BOCA RATON BLVD  
 STE 4  
 BOCA RATON FL 33431  
 US**

Mailing Address

**2060 NW BOCA RATON BLVD  
 STE 4  
 BOCA RATON FL 33431  
 US**

2. Principal Place of Business

**2296 NW 36 ST**  
 Suite, Apt. #, etc.

3. Mailing Address

**2296 NW 36 ST**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

4. FEI Number **59-2589301**

Applied For  
 Not Applicable

Zip  
**33431**

Country  
**USA**

Zip  
**33431**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**BRECHT, ROBERT L.  
 2060 NW BOCA RATON BLVD.  
 SUITE #4  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2296 NW 36 ST**

City  
**BOCA RATON**

State  
**FL**

Zip  
**33431**

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)

**4/17/01**

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

TITLE **DPS**  
 NAME **BRECHT, ROBERT L.**  
 STREET ADDRESS **2296 N.W. 36TH STREET**  
 CITY-ST-ZIP **BOCA RATON FL**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/01 561-394-6262**

Date

Daytime Phone #

CR2E034 (10/00)