FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2001 8:00 am **DOCUMENT # J70673** Secretary of State BRETTEL EQUIPMENT CORPORATION 01-19-2001 90035 004 ***150 00 Principal Place of Business Mailing Address 2308 SUNSET POINT ROAD 2308 SUNSET POINT ROAD AUUUbyy7 CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2816922 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRETTEL, DONNA JEAN Street Address (P.O. Box Number is Not Acceptable) 860 14TH AVENUE SOUTH SAFETY HARBOR FL 34695 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change Addition TITLE BRETTEL, CHARLES W., JR. NAME NAME 860 14TH AVENUE SOUTH STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition BRÉTTEL, CHARLES W., III-NAME NAME 870 14TH AVE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL. CITY-ST-ZIP Change Addition TITLE TITLE BRETTEL, WAYNE F. NAME NAME 240 11TH AVE S STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE BRETTEL, DONNA JEAN NAME NAME STREET ADDRESS 860 14TH AVE SOUTH STREET ADDRESS SAFETY HARBOR FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Ch ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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: SIGNATURE: 1-4-01 727-724-438