

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000105

1. Entity Name  
98 REAL ESTATE LEASING, LLC

Principal Place of Business  
819 SOUTH FEDERAL HIGHWAY  
SUITE 203  
STUART FL 34994

Mailing Address  
819 SOUTH FEDERAL HIGHWAY  
SUITE 203  
STUART FL 34994

APPROVED  
AND  
FILED

01 APR 24 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0820969

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRECHBILL, MARK CPAS  
506 S. FEDERAL HIGHWAY, SUITE 202  
STUART FL 34994

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

800004195118--9  
-05/11/01--01021--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME JOHNSON, RICHARD D  
STREET ADDRESS 819 SOUTH FEDERAL HIGHWAY  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME JOHNSON, PATRICK J  
STREET ADDRESS 819 SOUTH FEDERAL HIGHWAY  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME BRECHBILL, MARK  
STREET ADDRESS 506 S. FEDERAL HWY  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MARK BRECHBILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/01

Date

(561) 220-3380

Daytime Phone #

002656 AF

CR2E083 (11/00)