

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000004648

1. Entity Name

BREZINA & REITNECHT, L.L.C.

FILED

01 MAY -1 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2198 MAIN STREET
SARASOTA FL 34237

Mailing Address

2198 MAIN STREET
SARASOTA FL 34237

2. Principal Place of Business

237 Beach Road

3. Mailing Address

237 Beach Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Sarasota, Florida

City & State
Sarasota, Florida

4. FEI Number

65-1001561

Applied For

Not Applicable

Zip
34242

Country
Sarasota

Zip
34242

Country
Sarasota

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER
2198 MAIN STREET
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name
Thomas Smola

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

City
Sarasota

FL Zip Code
34242

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

200004287882--5
-05/22/01--01098--006
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BREZINA, MILOSLAV
PRAHA 4 NAZAHONECH 71
CZECH REPUBLIC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REITNECHT, DAVID
7351 PERIWINKLE DR
SARASOTA FL 34231 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

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

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

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☐ Change ☐ Addition

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:

Thomas Smola

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

Date

Daytime Phone #

CR2E083 (11/00)

0022284 AF