

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90085 021 ****50.00

DOCUMENT # L000000004648

1. Entity Name

BREZINA & REITNECHT, L.L.C.

Principal Place of Business

**237 BEACH ROAD
 SARASOTA FL 34242**

Mailing Address

**237 BEACH ROAD
 SARASOTA FL 34242**

2. Principal Place of Business

**1228 MOONMIST Cir.
 Suite, Apt., #, etc.
 UNIT G-7**

3. Mailing Address

**1228 MOONMIST Cir.
 Suite, Apt., #, etc.
 UNIT - G-7**

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip
34242

Country
USA

Zip
34242

Country
USA

4. FEI Number

65-1001561

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SMOLA, THOMAS
 237 BEACH ROAD
 SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name **PETER A. ALEXANDER**
 Street Address (P.O. Box Number is Not Acceptable)
7139 3rd AVENUE, S.
 City **ST. PETERSBURG** FL Zip Code **33707**

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

3/22/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME **MGRM** ☐ Delete
BREZINA, MILOSLAV
 STREET ADDRESS
NA ZAHONECH 71, 141 00 PRAHA
 CITY-ST-ZIP
CZECH REPUBLIC

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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:

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

3/22/02 727-347-0160

Date

Daytime Phone #

CR2E083 (9/01)

0021743