


1013

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |   |
|---|--|---|
| DOCUMENT # P00000036464                 |  |  |
| 1. Entity Name<br>BRETZ UNLIMITED, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>11000 SANJO ROAD<br>FOUNTAIN, FL 32438 | Mailing Address<br>11000 SANJO ROAD<br>FOUNTAIN, FL 32438 |
|---|---|

|  |         |   |                |
|--|---------|---|----------------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address<br>1300 W NORTH BLVD |                |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                     |                |
| City & State                                   |         | City & State<br>LEESBURG FL             |                |
| Zip  | Country | Zip<br>34748                            | Country<br>USA |



|  |  |
|--|--|
| 4. FEI Number<br>59-3643389  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br>BRETZ, ALAN L<br>11000 SANJO ROAD<br>FOUNTAIN, FL 32438 |  | 7. Name and Address of New Registered Agent<br>Name<br>MARIAN C BRETZ<br>Street Address (P.O. Box Number is Not Acceptable)<br>1300 W NORTH BLVD<br>City<br>LEESBURG FL Zip Code<br>34748 |  |
|--|--|---|--|

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marian C Bretz (NOTE: Registered Agent signature required when reinstating) DATE 2/18/08

|                             |  |
|-----------------------------|--|
| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BRETZ, ALAN L<br>11000 SANJO ROAD<br>FOUNTAIN, FL 32438 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>200119550832<br>03/06/08--01017--014 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BRETZ, MARIAN C<br>11000 SANJO ROAD<br>FOUNTAIN, FL 32438 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>STD</del><br>BRETZ, CODY A<br>11000 SANJO ROAD<br>FOUNTAIN, FL 32438 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marian C Bretz DATE 2/18/08 DAYTIME PHONE # 352-504-4727

**Marian Bretz**

**From:** corphelp [corphelp@dos.state.fl.us]  
**Sent:** Monday, February 18, 2008 10:30 AM  
**To:** Marian Bretz  
**Subject:** RE: ADMIN DISSOLUTION FOR ANNUAL REPORT [spf]

Please find copied below the letter that was mailed to you last year about your rejected report. If you have any questions about this, please call the number shown in the letter below.

Thank you.

Lee Rivers  
Internet Access  
Division of Corporations

Please take a few minutes to provide feedback on the quality of service you received from our staff. The Florida Department of State values your feedback as a customer. Kurt Browning, Florida's Secretary of State, is committed to continuously assessing and improving the level and quality of services provided to you. Simply click on the link to the "DOS Customer Satisfaction Survey." Thank you in advance for your participation. [DOS Customer Satisfaction Survey](#)

March 23, 2007

TOM GRIZZARD, INC.  
1300 W. NORTH BLVD  
LEESBURG, FL 34748 US

SUBJECT: TOM GRIZZARD, INC.  
Ref. Number: 472563

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

— The annual report/uniform business report must be signed by an officer or director of the corporation. —

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.



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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

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**From:** Marian Bretz [mailto:mbretz@tomgrizzard.com]  
**Sent:** Saturday, February 16, 2008 5:27 PM  
**To:** corphelp  
**Subject:** ADMIN DISSOLUTION FOR ANNUAL REPORT [spf]

I WENT TO DOWNLOAD MY ANNUAL REPORT AND LOW AND BEHOLD YOU HAVE DISSOLVED MY CORPORATION!!

I HAVE MY REPORT AND MY CANCELLED CHECK FROM LAST APRIL 2007. WHAT IS THE PROBLEM?

YOU HAVE REALLY MESSED ME UP! NOW WHAT?

PLEASE ADVISE, I CAN FAX MY DOCS. CALL ME ASAP PLEASE, 352 504 4727

**Marian C. Bretz**

**ERA Tom Grizzard Inc.**

**Property Management**

**Community Association Management**

**1300 W North Blvd**

**Leesburg, FL 34748**

**352-787-6966**

**352-787-0870 fax**

**352-989-7301 cell**

