

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90090 024 \*\*\*150.00

**DOCUMENT # P96000051120**

1. Entity Name  
**BROTSCHUL INDUSTRIES, INC.**

Principal Place of Business  
**18819 SAKERA ROAD UNIT 8B**  
**HUDSON FL 34667-5109**

Mailing Address  
**18819 SAKERA ROAD UNIT 8B**  
**HUDSON FL 34667-5109**

2. Principal Place of Business  
**18819-2 Sakera Rd.**  
 Suite, Apt. #, etc.  
**Hudson, FL 34667-5109**  
 City & State

3. Mailing Address  
**18819-2 Sakera Rd.**  
 Suite, Apt. #, etc.  
**Hudson, FL 34667-5109**  
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3385249** Applied For ☐ Not Applicable ☐  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BROTSCHUL, JAKOB</b> <b>18819 SAKERA ROAD UNIT 8B</b> <b>HUDSON FL 34667-5109</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P Brotschul Jakob	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTSCHUL, JAKOB		NAME	5554 Baffin Circle	
STREET ADDRESS	3207 GRAYTON DRIVE		STREET ADDRESS	Spring Hill, FL 34606	
CITY-ST-ZIP	SPRING HILL FL 34609		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V Brotschul Barbara R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTSCHUL, BARBARA R		NAME	5554 Baffin Circle	
STREET ADDRESS	3207 GRAYTON DRIVE		STREET ADDRESS	Spring Hill, FL 34606	
CITY-ST-ZIP	SPRING HILL FL 34609		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Jacob Brotschul 1/31/01 727 869 2590  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)