

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90005 036 \*\*\*150.00

**DOCUMENT # P96000051120**

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

**Principal Place of Business**

**18818 - 2 SAKENA RD**  
**HUDSON FL 34667**

**Mailing Address**

**18818 - 2 SAKENA RD**  
**HUDSON FL 34667**

**2. Principal Place of Business**

**18819-2 Sakera Rd.**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**18819-2 Sakera Rd.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Hudson, FL</b>		City & State <b>Hudson, FL</b>		4. FEI Number <b>59-3385249</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34667</b>	Country <b>Pasco</b>	Zip <b>34667</b>	Country <b>Pasco</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 <b>Brotschul, Jakob</b> Street Address (P.O. Box Number is Not Acceptable) <b>18819-2 Sakera Road</b> City <b>Hudson</b> FL <b>34667</b>	

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROTSCHUL, JAKOB</b> <b>5554 BATTIN CIRCLE</b> <b>SPRING HILL FL 34609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Brotschul Jakob</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5554 Baffin Circle</b> <b>SPRING HILL, FL 34606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BROTSCHUL, BARBARA R</b> <b>5554 BATTIN CIRCLE</b> <b>SPRING HILL FL 34606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Brotschul Barbara R.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5554 Baffin Circle</b> <b>Spring Hill, FL 34606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *S. Brotschul* **1/29/02 727 8692590**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)