

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103192

1. Entity Name

BRECHTSON CORPORATION

FILED

00 JAN 18 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

38911 PRETTY POND ROAD
ZEPHYRHILLS FL 33540
US

BRENT HUMBRECHT INC.
301 AUDUBON TRAIL
FORT WAYNE IN 46825-2701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3485912

Applied For

Not Applied For

Zip

Country

Zip

Country

U.S.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMON, DOUGLAS F
39746 OTIS ALLEN RD
ZEPHYRHILLS FL 33540

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME HUMBRECHT, PHYLLIS A
STREET ADDRESS 301 AUDUBON TRAIL
CITY-ST-ZIP FT WAYNE IN 46825

TITLE ☐ Change ☐ Delete
NAME ☐ Change ☐ Delete
STREET ADDRESS 300003111993--3
CITY-ST-ZIP -01/26/00--01116--010

TITLE VP ☐ Delete
NAME CLEMON, DOUGLAS F
STREET ADDRESS 39746 OTIS ALLEN ROAD
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE ☐ Change ☐ Delete
NAME ☐ Change ☐ Delete
STREET ADDRESS ***158.75
CITY-ST-ZIP ***158.75

TITLE T ☐ Delete
NAME HUMBRECHT, BRENT BRENT
STREET ADDRESS 301 AUDUBON TRAIL
CITY-ST-ZIP FT WAYNE IN 46825

TITLE ☐ Change ☐ Delete
NAME HUMBRECHT BRENT
STREET ADDRESS SPELLING CORRECTION
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CLEMON, GAIL E
STREET ADDRESS 39746 OTIS ALLEN RD
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT HUMBRECHT/Treasurer *[Signature]* 1/13/00 (219) 489-20
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #