

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000042103**1. Entity Name
BRE'MAR CREDIT UNION SPECIALISTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 605	P.O. BOX 605
WINTER PARK FL	WINTER PARK FL
327900605	327900605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3691228Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BRESKE MICHAEL F**
1640 BOULDER CREEK CT.**APOPKA FL**
32712 US**7. Name and Address of New Registered Agent**

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 _____ **01/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VS	☐ Delete
NAME	BRESKE STEPHANIE DVS	
STREET ADDRESS	P.O. BOX 605	
CITY-ST-ZIP	WINTER PARK FL 327900605	

TITLE	PT	☐ Delete
NAME	BRESKE JOY APT	
STREET ADDRESS	P.O. BOX 605	
CITY-ST-ZIP	WINTER PARK FL 327900605	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	☒ Change ☐ Addition
NAME	BRESKE MICHAEL F	
STREET ADDRESS	P.O. BOX 605	
CITY-ST-ZIP	WINTER PARK FL 327900605	

TITLE	PS	☒ Change ☐ Addition
NAME	BRESKE ROBERT W	
STREET ADDRESS	P.O. BOX 605	
CITY-ST-ZIP	WINTER PARK FL 327900605	

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

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

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

TITLE		☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael F. Breske**VT 01/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)