

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S74208

1. Entity Name

BREZING CORP.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90113 010 ***150.00

Principal Place of Business P. O. BOX 425 STE 101 ACRES FL 33970	Mailing Address 12670 NEW BRITTANY BLVD STE 101 FT. MYERS FL 33907-3650 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0322692	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYSTON, ROBERT D. JR.
 12670 NEW BRITTANY BLVD
 STE 101
 FT. MYERS FL 33907

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
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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** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT	TITLE	
NAME	BREZING, SIEGFRIED	NAME	
STREET ADDRESS	834 SPAULDING AVE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	TITLE	
NAME	BREZING, CHRISTA	NAME	
STREET ADDRESS	834 SPAULDING RUE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	BREZING, MICHAEL	NAME	
STREET ADDRESS	834 SPAULDING RUE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	BREZING, MATHIAS	NAME	
STREET ADDRESS	834 SPAULDING RUE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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: Siegfried Brezing
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Time Phone # _____

CR2E034 (9/99)