

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27756**

1. Entity Name

**SCHICKEDANZ BROS - CLEARWATER LTD**

FILED

00 JAN 18 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2710 ALT 19 NORTH, #401  
PALM HARBOR FL 34683

Mailing Address

2710 ALT 19 NORTH, #401  
PALM HARBOR FL 34683-2654

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

59-2761100

Applied For

Not Applied For

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

FLAIG, GUNTHER

2710 ALT 19 NORTH, #401

PALM HARBOR FL 34683

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. Capital Contributions  
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

L05446

NAME

SCHICKEDANZ BROS WEST, INC.

STREET ADDRESS

2692 CORAL LANDINGS BLVD

CITY - ST - ZIP

PALM HARBOR FL 34684

STREET ADDRESS

2710 ALT 19 N, Suite 401

CITY - ST - ZIP

PALM HARBOR, FL 34683

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GUNTHER FLAIG

1/13/00

(727) 789-5300

Date

Daytime Phone #