

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 17, 2001 08:00 AM****Secretary of State****DOCUMENT # A27756**

1. Entity Name

SCHICKEDANZ BROS - CLEARWATER LTD

Principal Place of Business

2710 ALT 19 NORTH, #401

PALM HARBOR
34683

FL

Mailing Address

2710 ALT 19 NORTH, #401

PALM HARBOR
34683

FL

2. Principal Place of Business

7423 MITCHELL BLVD.

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 2197

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

FL

City & State

NEW PORT RICHEY

FL

Zip
34655Country
USZip
34656Country
US

4. FEI Number

59-2761100

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLAIG, GUNTHER

2710 ALT 19 NORTH, #401

PALM HARBOR

34683

US

FL

7. Name and Address of New Registered Agent

Name

FLAIG, GUNTHER

Street Address (P.O. Box Number is Not Acceptable)

7423 MITCHELL BLVD.

City

NEW PORT RICHEY

FL

Zip Code
34655

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)

01/17/2001

DATE

9. Capital Contributions

as Shown on record. 10,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 10,000.00

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**

DOCUMENT #	
NAME	SCHICKEDANZ BROS WEST, INC.
STREET ADDRESS	2710 ALT 19 N., SUITE 401
CITY-ST-ZIP	PALM HARBOR FL 34683

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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	7423 MITCHELL BLVD.
CITY-ST-ZIP	NEW PORT RICHEY FL 34655

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

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: GUNTHER FLAIG

GP

01/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)