

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28578**

1. Entity Name

SCHICKEDANZ BROS - PINELLAS LTD.

FILED

00 JAN 18 PM 2:

**SECRETARY OF STATE
TALLAHASSEE, FL**

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.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0129926

Applied For

Not Applied

Zip

Country

Zip

Country

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

2690 CORAL LANDINGS B

CITY - ST - ZIP

PALM HARBOR FL

STREET ADDRESS

2710 ALT 19 N, Suite 401

CITY - ST - ZIP

PALM HARBOR, FL 34683

DOCUMENT #

NAME

STREET ADDRESS

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NAME

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STREET ADDRESS

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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, 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

Handwritten signature: Gunther Flaig

Date

Daytime Phone #

1/13/00 (77) 789-5300