

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 17, 2001 08:00 AM
Secretary of State

DOCUMENT # A28578

1. Entity Name
 SCHICKEDANZ BROS - PINELLAS LTD.

Principal Place of Business 2710 ALT 19 NORTH, #401 PALM HARBOR FL 34683	Mailing Address 2710 ALT 19 NORTH, #401 PALM HARBOR FL 34683
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2. Principal Place of Business 7423 MITCHELL BLVD. Suite, Apt. #, etc.	3. Mailing Address P. O. BOX 2197 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NEW PORT RICHEY FL	City & State NEW PORT RICHEY FL	4. FEI Number 65-0129926	Applied For <input type="checkbox"/> Not Applicable
Zip 34655	Country US	Zip 34656	Country US

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

6. Name and Address of Current Registered Agent

FLAIG, GUNTHER
 2710 ALT 19 NORTH, #401

 PALM HARBOR FL 34683
 US

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 _____ DATE **01/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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	
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 Date **01/17/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (11/00)