

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F27474

1. Entity Name

SCHICKEDANZ BROS. INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90153 046 ***150.00

Principal Place of Business

4152 W BLUE HERON BLVD.
 #116
 RIVIERA BCH FL 33404
 US

Mailing Address

4152 W BLUE HERON BLVD.
 #116
 RIVIERA BCH FL 33404-4858
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2075887

Applied For

Not Applicable

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

SCHICKEDANZ, WALDEMAR
 4152 W BLUE HERON BLVD.
 #116
 RIVIERA BCH FL 33404

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. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	SCHICKEDANZ, WALDEMAR	4152 W BLUE HERON BLVD. STE 116	RIVIERA BCH FL 33404	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	SCHICKEDANZ, GERHARD H.	4152 W BLUE HERON BLVD. STE 116	RIVIERA BCH FL 33404	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	SCHICKEDANZ, GAIL	4152 W BLUE HERON BLVD. STE 116	RIVIERA BCH FL 33404	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	SCHICKEDANZ, LEANNE S	4152 W BLUE HERON BLVD.	RIVIERA BCH FL 33404	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (561) 845-8797
 Date Daytime Phone #

CR2E034 (9/99)