

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F27474

1. Entity Name

SCHICKEDANZ BROS, INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90038 032 ***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

US

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 59-2075887

Applied For

Not Applicable

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, 2001 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 DP
NAME SCHICKEDANZ, WALDEMAR
STREET ADDRESS 4152 W BLUE HERON BLVD. STE 116
CITY-ST-ZIP RIVIERA BCH FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME SCHICKEDANZ, GERHARD H.
STREET ADDRESS 4152 W BLUE HERON BLVD. STE 116
CITY-ST-ZIP RIVIERA BCH FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME SCHICKEDANZ, GAIL
STREET ADDRESS 4152 W BLUE HERON BLVD. STE 116
CITY-ST-ZIP RIVIERA BCH FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME SCHICKEDANZ, LEANNE S
STREET ADDRESS 4152 W BLUE HERON BLVD.
CITY-ST-ZIP RIVIERA BCH FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Waldemar K. Schickedanz, President

01/08/2001

561-845-8797

Date

Daytime Phone #

CR2E034 (10/00)