

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90059 045 ***150.00

DOCUMENT # F27474

1. Entity Name
SCHICKEDANZ BROS, INC.

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
7711 N. Military Trail

3. Mailing Address
7711 N. Military Trail

Suite, Apt. #, etc.
3rd Floor

Suite, Apt. #, etc.
3rd Floor

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

Zip Country
33410 Palm Beach

Zip Country
33410 Palm Beach

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

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

7. Name and Address of New Registered Agent

Name
Schickedanz, Waldemar
 Street Address (P.O. Box Number is Not Acceptable)
7711 N. Military Trail
3rd Floor
 City
Palm Beach Gardens FL 33410

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 *Waldemar K. Schickedanz* **01/10/2002**
Signature, typed or printed name of registered agent and fee 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, 2002 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **SCHICKEDANZ, WALDEMAR**
 CITY-ST-ZIP **4152 W BLUE HERON BLVD. STE 116 RIVIERA BCH FL 33404**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7711 N. Military Trail, 3rd Floor**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7711 N. Military Trail, 3rd Floor**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7711 N. Military Trail, 3rd Floor**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7711 N. Military Trail, 3rd Floor**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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
Waldemar K. Schickedanz, President

01/10/2002

561-856-8797

Date Daytime Phone #

CR2E034 (9/01)