FILED

	2002	UNIFORM	BUSINESS	REPORT	(UBR
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DOCUMENT # K54111 1. Entity Name						May 06, 2002 8:00 an Secretary of State				
SCHICKEDANZ ENTERPRISES, INC.						05-06-2002 90059 044 ***150.00				
			<u> </u>							
Principal Plac	e of Busines	s	Mailing Address							
4152 W. BLU	E HERON 116	5	4152 W. BLUE HERON 11	16						
RIVIERA BEA	CH FL 33404		RIVIERA BEACH FL 33404	;						
						1 18		41 00 1 1181 418 11 616 11	ZIZII DIBII E'	1861 2020 1061
									6161 6161 P	
2. Principal F	Place of Busir	ness	3. Mailing Address			111	 	INDRESIDENT BERTER BERTER	AIAIE BIBII A	
7711 N	. Mili	tary Trail	7711 N. Military Trail		L					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WR	IITE IN THIS SPA	CE	
3rd F1			3rd Floor							
City & Stat			City & State			4. FEI Nun	nber 65-010511	18		olied For
	each Ga	ardens, FL	Palm Beach Gardens, FL		<u>. </u>					Applicable
Zip		Country	Zip	Country		5. Certifica	ate of Status Desired	T -	.75 Addi Required	
33410	C Nome	Palm Beach and Address of Current R	33410	Palm Bea		7 Nama a	nd Address of New			
	o. Name	and Address of Corrent h	egistered Agent	Name			•			
SUNIUNE.	DANZ, WAI	DEMAD					ız, Waldemaı			
	=			Street	Street Address (P.O. Box Number is Not Acceptable)					
		ON STE. #116			//11	N. M1	litary Trai	<u>. L</u>		
RIVIEKA I	BEACH FL	33404	•		3rd	Floor				
				City	Do 1 m	Roach	Gardens	FL -	Zip Code 33410	
P. The shows	named antit	v submits this statement for	the purpose of changing its	registered office					75410	
o. The above	патеч епис	y submits this statement for	the purpose of changing its	registered office	or registere	a agent, or	boat, in the state of t	ioraa.		
CIONIATUDE		III file	ched					01/10/20	002	
SIGNATURE	Signature Avged		amz popiRegistere	: Repistered Apent sign	ature required w	hen reinstating)		DATE	, , , , , , , , , , , , , , , , , , , 	
		After May 1, 200	!! FEE IS \$150 12 Fee will be \$		1	Election Campaign F	· -		May Be	
(See criteria on back)			Make Check Payab			,	Trust Fund Contributi	ion.	Added	to Fees
11.		OFFICERS AND D		12.		i	IS/CHANGES TO OF	FICERS AND DIE	RECTORS	IN 11
TITLE	DP	OF TOUR AND E	Delete	TITLE		7.8811131	10/01/// 1020 / 0 0/		Change	Addition
NAME		DANZ, WALDEMAR	Delete	NAME				A-A	onanga	
STREET ADDRESS		BLUE HERON 116		STREET ADDRESS	77	711 N.	Military T	rail, 3rd	Floo	r
CITY-ST-ZIP		BEACH FL 33404		CITY-ST-ZIP			ach Gardens	· · · · · · · · · · · · · · · · · · ·		_
TITLE	DVP		☐ Delete	TITLE					Change	Addition
NAME		DANZ, GERHARD H.		NAME						
STREET ADDRESS		BLUE HERON 116		STREET ADDRESS	77	711 N.	Military T	rail, 3rd	Floo:	r
CITY-ST-ZIP	RIVIERA I	BEACH FL		CITY-ST-ZIP	Pa	ılm Bea	ch Cardens	FL 3341	0	
TITLE	AVP		☐ Delete	TITLE	ļ			хx	Change	☐ Addition
NAME		OSWALD T		NAME	l					_
STREET ADDRESS		BLUE HERON 116		STREET ADDRESS			Military T			Ε .
CITY-ST-ZIP	·	BEACH FL 33404		CITY-ST-ZIP	Pa	ılm Bea	ach Gardens			
TITLE	S		☐ Delete	TITLE				XX	Change	☐ Addition
NAME		DANZ, GAIL		NAME			m		17.1	
STREET ADDRESS		BLUE HERON 116		STREET ADDRESS			Military Tr			r
CITY-ST-ZIP		BEACH FL 33404		CITY-ST-ZIP	→ Pa	ıım Bea	ach Gardens			
TITLE	T	DANT LEADING O	☐ Delete	TITLE				XX	Change	☐ Addition
NAME STREET ADDRESS		DANZ, LEANNE S		NAME STREET ADDRESS	77	711 N	Military T	rail. 3rd	Floo:	r Í
CITY-ST-ZIP		BLUE HERON 116 BEACH FL 33404		CITY-ST-ZIP			ch Gardens			į
	LIANEUA I	JENOTI I E WHOT	□ n.i.i.	-	1	THE DEC	CIE GREEKING	•	Change	☐ Addition
TITLE NAME	İ		☐ Delete	TITLÉ NAME				Ц	onange	
STREET ADDRESS				STREET ADDRESS						
	t									1

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OB PRECTOR

01/10/2002 ; 561-845-8797

Date

Daytime Phone #

CR2E034 (9/01)

^{13.} Thereby certify that the information supplied with this filling 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.