

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90471 011 ***150.00

0384539 AV

DOCUMENT # K54111

1. Entity Name
SCHICKEDANZ ENTERPRISES, INC.



Principal Place of Business
**7711 NORTH MILITARY TRAIL
3RD FLOOR
PALM BEACH GARDENS FL 33410**

Mailing Address
**7711 NORTH MILITARY TRAIL
3RD FLOOR
PALM BEACH GARDENS FL 33410**

11002990



2. Principal Place of Business
7741 N. Military Trail
Suite, Apt. #, etc.
Suite 1

3. Mailing Address
7741 N. Military Trail
Suite, Apt. #, etc.
Suite 1

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number **65-0105118**

Applied For
Not Applicable

Zip Country
33410 US

Zip Country
33410 US

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

6. Name and Address of Current Registered Agent

**SCHICKEDANZ, WALDEMAR
7711 NORTH MILITARY TRAIL
3RD FLOOR
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7741 N. Military Trail, Suite 1
City
Palm Beach Gardens, FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHICKEDANZ, WALDEMAR 7711 NORTH MILITARY TRAIL, 3RD FLOOR PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHICKEDANZ, GERHARD H. 7711 NORTH MILITARY TRAIL, 3RD FLOOR PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SOUSA, OSWALD T 7711 NORTH MILITARY TRAIL, 3RD FLOOR PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHICKEDANZ, GAIL 7711 NORTH MILITARY TRAIL, 3RD FLOOR PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHICKEDANZ, LEANNE S 4152 W. BLUE HERON 116 RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7741 N. Military Trail, Suite 1 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7741 N. Military Trail, Suite 1 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7741 N. Military Trail, Suite 1 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7741 N. Military Trail, Suite 1 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Waldemar K. Schickedanz, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Waldemar K. Schickedanz, President

01/22/03

561-845-8797

Date Daytime Phone #

CR2E034 (10/02)