

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90058 001 \*\*\*150.00

**DOCUMENT # L45670**

1. Entity Name  
**CHARLOTTE D. SCHICKEDANZ, INC.**

**Principal Place of Business**

**4152 W BLUE HERON BLVD  
 STE 116  
 RIVIERA BCH FL 33404  
 US**

**Mailing Address**

**4152 W BLUE HERON BLVD  
 STE 116  
 RIVIERA BCH FL 33404  
 US**

**2. Principal Place of Business**

**7711 N. Military Trail**

Suite, Apt. #, etc.  
**3rd Floor**

City & State  
**Palm Beach Gardens, FL**

Zip Country  
**33410 Palm Beach**

**3. Mailing Address**

**7711 N. Military Trail**

Suite, Apt. #, etc.  
**3rd Floor**

City & State  
**Palm Beach Gardens, FL**

Zip Country  
**33410 Palm Beach**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-0230916**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHICKEDANZ, GERHARD H.  
 4152 W BLUE HERON BLVD  
 STE 116  
 RIVIERA BEACH FL 33404**

**7. Name and Address of New Registered Agent**

Name  
**Schickedanz, Gerhard H.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7711 N. Military Trail, 3rd Floor**  
**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 *Gerhard H. Schickedanz* **01/10/2002**  
Signature of registered agent or registered office agent (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHICKEDANZ, GERHARD H 4152 W BLUE HERON BLVD #116 RIVIERA BEACH FL 33404</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST SCHICKEDANZ, CHARLOTTE D 4152 W BLUE HERON BLVD #116 RIVIERA BEACH FL 33404</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7711 N. Military Trail, 3rd Floor          Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7711 N. Military Trail, 3rd Floor          Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Gerhard H. Schickedanz*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Gerhard H. Schickedanz, Director**

**01/10/2002**  
 Date

**561-845-8797**  
 Daytime Phone #

CR2E034 (9/01)