

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90058 009 ***150.00

DOCUMENT # L47093

1. Entity Name
MANFRED M. SCHICKEDANZ, INC.

Principal Place of Business Mailing Address
%WALDEMAR SCHICKEDANZ **%WALDEMAR SCHICKEDANZ**
4152 W. BLUE HERON BLVD., SUITE 116 **4152 W. BLUE HERON BLVD., SUITE 116**
RIVIERA BCH., FL 33409 **RIVIERA BCH., FL 33409**

2. Principal Place of Business 3. Mailing Address
7711 N. Military Trail **7711 N. Military Trail**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3rd Floor **3rd Floor**

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

Zip Country Zip Country
33410 **Palm Beach** **33410** **Palm Beach**

4. FEI Number **65-0230664** 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., SUITE 116
RIVIERA BCH., FL 33409

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** 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.

SIGNATURE *Waldemar K. Schickedanz* **01/10/2002**
 Signature, typed name of registered agent, and date (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 **D** ☐ Delete
 NAME **SCHICKEDANZ, MANFRED M.**
 STREET ADDRESS **5432 11TH ST NE**
 CITY-ST-ZIP **CALGARY, ALB, CAN**

TITLE **D** ☐ Delete
 NAME **SCHICKEDANZ, ROBIN J.**
 STREET ADDRESS **5432 11TH ST NE**
 CITY-ST-ZIP **CALGARY, ALB, CAN**

TITLE **VP** ☐ Delete
 NAME **SCHICKEDANZ, WALDEMAR**
 STREET ADDRESS **4152 W BLUE HERON BLVD 116**
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Waldemar K. Schickedanz, Vice President

01/10/2002
 Date

561-845-8797
 Daytime Phone #

CR2E034 (9/01)