

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90059 037 ***150.00

DOCUMENT # P00000083442

1. Entity Name
MANFRED SCHICKEDANZ FAMILY CORPORATION

Principal Place of Business
4152 W. BLUE HERON BLVD., #116
RIVIERA BEACH FL 33404

Mailing Address
4152 W. BLUE HERON BLVD., #116
RIVIERA BEACH FL 33404

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
33410

Country
Palm Beach

Zip
33410

Country
Palm Beach

4. FEI Number
65-1114741

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCHICKEDANZ, W.K.
4152 W. BLUE HERON BLVD., #116
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name
Schickedanz, W.K.
Street Address (P.O. Box Number is Not Acceptable)
7711 N. Military Trail
3rd Floor, Palm Beach Gardens, FL
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 of Registered Agent (if not reinstated, agent's title is not 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	D SCHICKEDANZ, MANFRED RR #2, COCHRANE ALBERTA, CANADA TOL OWO	<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
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 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
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: *Waldemar K. Schickedanz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2002

561-845-8797

Date **Daytime Phone #**

CR2E034 (9/01)