

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-21-2003 90471 017 ***150.00

DOCUMENT # P00000083442

1. Entity Name
MANFRED SCHICKEDANZ FAMILY CORPORATION



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

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

11002984



2. Principal Place of Business
7741 N. Military Trail

3. Mailing Address
7741 N. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

Suite 1

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number **65-1114741**

Applied For

Not Applicable

Zip
33410

Country

USA

Zip
33410

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHICKEDANZ, W.K.
7711 N MILITARY TRAIL 3RD FLOOR
PALM BEACH GARDENS FL 33410

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SCHICKEDANZ, MANFRED**
STREET ADDRESS **RR #2, COCHRANE**
CITY-ST-ZIP **ALBERTA, CANADA T0L 0W0**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
MANFRED SCHICKEDANZ
MANFRED SCHICKEDANZ

01/22/03

561-845-8797

Date

Daytime Phone #

CR2E034 (10/02)