

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90422 034 \*\*\*150.00

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

DOCUMENT # **K23103** ✓

1. Entity Name  
**Weisert Holding Corporation**

010011

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**70 IPM**

3. Mailing Address  
**70 IPM**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
**2415 10th Ave N.**

Suite, Apt. #, etc.  
**2415 10th Ave. N.**

City & State  
**Lake Worth, FL**

City & State  
**Lake Worth, FL**

4. FEI Number  
**65-0050748**

Applied For  
 Not Applicable

Zip  
**33461**

Country  
**USA**

Zip  
**33461**

Country  
**USA**

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

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Mary Mayhew**

Street Address (P.O. Box Number is Not Acceptable)  
**2415 10th Ave N.**

City  
**Lake Worth FL** Zip Code  
**33461**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title 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)

**January 1 - May 1, Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
**VSD  
 SCHERBAUM, MARTINA  
 2415 10th Ave N.  
 LAKE WORTH, FL 33461**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD  
 WEISERT, FRANZ  
 2415 10th Ave N.  
 Lake Worth, FL 33461**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Martina Scherbaum **Martina Scherbaum** 5/6/02 (561) 968-9382  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)