

UNIFORM BUSINESS REPORT (UBR)

FILED

May 27, 2002 8:00 am
Secretary of State

05-27-2002 90422 020 ***150.00

DOCUMENT # **K23104** ✓

1. Entity Name

Weisert Waterside Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

70 IPM

3. Mailing Address

70 IPM

Suite, Apt. #, etc.

2415 10th Ave N.

Suite, Apt. #, etc.

2415 10th Ave N.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33461

Country

USA

Zip

33461

Country

USA

4. FEI Number

65-0050750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

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 instituting)

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)

5/6/02 968-9382

CR2E034B (12/01)