

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90075 048 \*\*\*150.00

**DOCUMENT # M69523**

1. Entity Name

**WBM REALTY, INC.**

Principal Place of Business

Mailing Address

**2391 OLD DIXIE HIGHWAY  
RIVIERA BEACH FL 33404****2391 OLD DIXIE HIGHWAY  
RIVIERA BEACH FL 33404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0029079**

Applied For

Not Applicable

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****MOSLER, WARREN B.  
2391 OLD DIXIE HIGHWAY  
RIVIERA BEACH FL 33404**Name  
**Alan Richard Simon**Street Address (P.O. Box Number is Not Acceptable)  
**95 N. E. 4th Avenue**City  
**Delray Beach****FL**Zip Code  
**33483**

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) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	MOSLER, WARREN B.	2391 OLD DIXIE HWY.	RIVIERA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GAMBLE, ISAAC	2391 OLD DIXIE HWY.	RIVIERA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	RALPH D BUTLER	2391 OLD DIXIE HWY.	RIVIERA BCH. FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	Treasurer	Tina Marmesh	2391 Old Dixie Hwy	Riviera Beach, FL 33404	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: **Ralph D. Butler** *Ralph D. Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)