

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90037 002 ***150.00

DOCUMENT # P97000001951

1. Entity Name
W.B.U. INC.

Principal Place of Business

POST RD LAUNDROMAT
1844 POST RD
MELBOURNE FL 32935
US

Mailing Address

W.B.U INC
455 JOY HAVEN DR
SEBASTAIN FL 32958
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

WBU INC
Suite, Apt. #, etc.
455 JOY HAVEN DR

3. Mailing Address

Suite, Apt. #, etc.

City & State
SEBASTIAN FL

City & State

Zip
32958

Country
INDIAN RIVER

Zip

Country

4. FEI Number 65-0720492

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

ULISKY, WILLIAM
455 JOY HAVEN DRIVE
SEBASTAIN FL 32958

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 D ☐ Delete
NAME ULISKY, WILLIAM B
STREET ADDRESS 455 JOY HAVEN DR
CITY-ST-ZIP SEBASTIAN FL 32958

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: William B. Ulisky William B Ulisky 4-11-01 561-388-2693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)