

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

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 91125 001 \*\*\*\*\*8.75  
06-09-2003 91125 002 \*\*\*150.00

DOCUMENT # V29370

1. Entity Name

WABASSO Moorings, INC



**DO NOT WRITE IN THIS SPACE**

**55047371**

2. Principal Place of Business

15 STAR FISH DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

4. FEI Number

59-3189129

Applied For

Not Applicable

Zip

32960

Country

USA

Zip

Country

5. Certificate of Status Desired

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**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Henry J Vollbracht

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

15 STAR FISH DR

City

Vero Beach

**FL**

Zip Code

32960

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

Henry J Vollbracht

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D/P Henry J Vollbracht</u> <u>15 STAR FISH DR</u> <u>Vero Beach, FL 32960</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D/V Marianne Vollbracht</u> <u>15 STAR FISH DR</u> <u>Vero Beach, FL 32960</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D/S Mary V Meyer</u> <u>16 Hunting Lane</u> <u>EAST Islip NY 11730</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D+ Henry J Vollbracht</u> <u>15 STAR FISH DR</u> <u>Vero Beach FL 32960</u>

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

Henry J Vollbracht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)