

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90080 022 ***150.00

DOCUMENT # 690418

1. Entity Name

W.G.O., INC.

Principal Place of Business

1512 S. OHIO AVE.
LIVE OAK FL 32060

Mailing Address

1512 S. OHIO AVE.
LIVE OAK FL 32060

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2100416

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

WATSON, TILLMAN L.
1512 S. OHIO AVE.
LIVE OAK FL 32060

Name WATSON James B.

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

1512 S. OHIO AVE

City Live OAK

FL Zip Code 32060

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

(NOTE: Registered Agent signature required when reinstating)

2/2/01
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 PD ☐ Delete
NAME WATSON, TILLMAN L.
STREET ADDRESS 1512 S. OHIO AVE.
CITY-ST-ZIP LIVE OAK FL

TITLE PP. ☒ Change ☐ Addition
NAME WATSON, JAMES B.
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME WATSON, ALCEON SUE
STREET ADDRESS 1512 S. OHIO AVE. *DECEASED*
CITY-ST-ZIP LIVE OAK FL

TITLE VP ☐ Change ☒ Addition
NAME HALE, MARK
STREET ADDRESS 1512 S. OHIO AVE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE VP ☐ Delete
NAME WATSON, JAMES B.
STREET ADDRESS 1512 S. OHIO AVE.
CITY-ST-ZIP LIVE OAK FL

TITLE SD ☒ Change ☐ Addition
NAME Beckham, Martha
STREET ADDRESS 1512 S. OHIO AVE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ Delete
NAME MARTHA BECKMAN
STREET ADDRESS 1512 S. OHIO AVE.
CITY-ST-ZIP LIVE OAK FL

TITLE D ☒ Change ☐ Addition
NAME WATSON, TILLMAN L.
STREET ADDRESS 1512 S. OHIO AVE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B WATSON

Date

2/2/01

Daytime Phone #

CR2E034 (10/00)