

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018971

1. Entity Name

W.G.I. COMMUNICATIONS, INC.

Principal Place of Business

4058 N. ARMENIA AVE., #103  
TAMPA FL 33607

Mailing Address

4058 N. ARMENIA AVE., #103  
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3707158

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLE, KATHY L  
205 W. ML KING BLVD., #204  
TAMPA FL 33603

Name

KENNETH Roberts

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

4058 N. ARMENIA AVE. #103

City

TAMPA

FL

Zip Code 33607

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

*Kenneth Roberts*

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

(NOTE: Registered Agent signature required when reinstating)

*4/24/02*

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, 2002 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

TITLE D  
NAME ROBERTS, KENNETH  
STREET ADDRESS 4058 N. ARMENIA AVE., #103  
CITY-ST-ZIP TAMPA FL 33607

Delete

TITLE D  
NAME WOODS, SAMUEL F  
STREET ADDRESS 4058 N. ARMENIA AVE., #103  
CITY-ST-ZIP TAMPA FL 33607

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

*Kenneth Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/02*

*813  
469 5889*

Date

Daytime Phone #

CR2E034 (9/01)