

3/7/1

FILED
May 21, 2002 8:00 am
Secretary of State

03-07-2002 90050 032 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027139

1. Entity Name

WGD, INC.

Principal Place of Business

4306 PABLO OAKS CT
 JACKSONVILLE FL 32224

Mailing Address

4306 PABLO OAKS CT
 JACKSONVILLE FL 32224

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

65-0852651

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

DAY, WILLIAM G

4306 PABLO OAKS CT
 JACKSONVILLE FL 32224

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, 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 ☐ Delete
 NAME DAY, WILLIAM G
 STREET ADDRESS 4306 PABLO OAKS CT
 CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete
 NAME SHIELDS, SANDY
 STREET ADDRESS 4306 PABLO OAKS CT
 CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

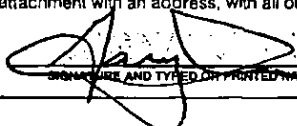
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:



Gary Day, Director

2-25-02

904-992-4110

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # 28 475 [Redacted] PO1 0000 27139

CHECK CONTROL NO. 16785

ISSUED BY: MARLETTE, LINDA

COGGIN MANAGEMENT COMPANY
P.O. BOX 16489
JACKSONVILLE, FL 32246-8489

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INVOICE STOCK NO.	INVOICE DATE	PURCHASE ORDER NO.	COMMENT/V.I.N.	AMOUNT	DISCOUNT/ACCOUNT NO.	NET AMOUNT
	022502	2002 UNIFORM WGD INC	BUSINESS REPORT FOR			150.00
				16785	202	-150.00
				800	220	150.00
				TOTAL	202	150.00

DETACH AT PERFORATION BEFORE DEPOSITING CHECK

REMITTANCE ADVICE

CMC

COGGIN MANAGEMENT COMPANY
P.O. BOX 16489
JACKSONVILLE, FL 32246-8489
(904) 992-4110

FIRST UNION NATIONAL BANK
OF FLORIDA
JACKSONVILLE, FL 32202

16785 63-2 / 630
BRANCH 250

DATE
25FEB02

PAY THIS AMOUNT
*****150 DOLLARS 00 CENTS

AMOUNT OF CHECK
*****150.00

PAY TO THE ORDER OF

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314-6327

3354

*** NOT NEGOTIABLE ***

AUTHORIZED SIGNATURE