

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035417

1. Entity Name  
WIG OUT DESIGNS, INC.



Principal Place of Business  
12046 JOE HERRMANN DRIVE  
SAN ANTONIO, FL 33576

Mailing Address  
PO BOX 11  
SAN ANTONIO, FL 33576

03 SEP 17 PH 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2003 CHECK AMENDED**

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  
59-3710387

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

WIGGINS, DONNA L  
12046 JOE HERRMANN DRIVE  
SAN ANTONIO, FL 33576

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00  
After May 1, 2003 Fee will be \$650.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WIGGINS, DONNA L  
12046 JOE HERRMANN DRIVE  
SAN ANTONIO, FL 33576 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BERTICE B. WIGGINS III  
12046 JOE HERRMANN DR.  
SAN ANTONIO, FL 33576 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400029517124  
10/02/03--01072--028 \*\*61.25 ☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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 Block 11 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

9/11/03 (813)293-9285  
Daytime Phone #

CR2E034 (10/02)