FILED

2003 FOR PROFIT CORPORATION

Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000115384 DOCUMENT # 1. Entity Name 04-21-2003 90491 032 ***150.00 WBG, INC. Principal Place of Business Mailing Address 23079 DIANE AVE 23079 DIANE AVE · PORT CHARLOTTE FL 33954 PORT CHARLOTTE FL 33954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1157526 TUSVILLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, JEFFERY M 23079 DIANE AVENUE PORT CHARLOTTE FL 33954 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition WILLIAMS, JEFFERY M WILLIAMS, JEFFERY M NAME NAME 3964 HUNTERS RIOGE WAY STREET ADDRESS 23079 DIANE AVE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33954 CITY-ST-7IP MUSVILLE, FL 32796 Change TITLE ☐ Delete TITLE ☐ Addition MULLAMS, MARLENE K NAME WILLIAMS, MARLENE K NAME 3964 HUNTERS RIDGE LUMY STREET ADDRESS STREET ADDRESS 23079 DIANE AVE TITUSVILLE .FL 32796 CITY-ST-7/P CITY-ST-ZIP PORT CHARLOTTE FL 33954 Delete Change — Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

FERYM. WILLAMS 4-10-03