

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/15

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-15-2002 90062 019 ***150.00

DOCUMENT # PO1000117503 ✓

1. Entity Name

W. G. Consulting, Inc.

DO NOT WRITE IN THIS SPACE

33888

2. Principal Place of Business

9564 NW 8th Circle

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plantation FL

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0570562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Diane E. Anderson

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

9564 NW 8th Circle

City

Plantation, FL

FL

Zip Code

33324

**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 Diane E. Anderson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-29-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME Diane E. Anderson
STREET ADDRESS 9564 NW 8th Circle
CITY-ST-ZIP Plantation, FL 33324

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Diane E. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

Daytime Phone #

CR2E034B (12/01)