

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

FILED

DOCUMENT # P02000008915

1. Entity Name **WIG Fix INC**

03 APR 18 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**928 NO MILLS AVE**

Suite, Apt. #, etc.

3. Mailing Address

**1704 NEBRASKA ST**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Orlando Florida**

City & State

**Orlando Florida**

Zip

**32803**

Country

**USA**

Zip

**32803**

Country

**USA**

4. FEI Number

**01-0599899**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Joseph A. Riedley Jr**

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

**1704 NEBRASKA ST**

City

**Orlando**

**FL**

Zip Code

**32803**

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

**Joseph A. Riedley Jr**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-8-03**

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

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**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JOSEPH A. RIEDELY JR President  
1704 NEBRASKA ST TALL.  
Orlando FL 32803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**500016228725  
04/17/03--01095--010 \*\*158.75**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT & SECRETARY  
MARVIN A. FUGATE JR  
1704 NEBRASKA ST  
Orlando FL 32803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Joseph A. Riedley Jr**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-8-03**

Daytime Phone #

CR2E034B (12/01)