

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000041755**

1. Entity Name
WGM PROPERTIES, INCORPORATED



Principal Place of Business
1528 SOUTH FEDERAL HWY
LAKE WORTH FL 33460

Mailing Address
4010 57TH AVENUE SO.
104
LAKE WORTH FL 33460

2. Principal Place of Business
4010 57th Ave So.

Suite, Apt. #, etc.
#204

3. Mailing Address

Suite, Apt. #, etc.

City & State
Lake Worth, FL

City & State

Zip **33463** County **USA**

Zip

Country

4. FEI Number

04-3715749

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

MCALONAN, FRANCIS R JR.
4010 57TH AVENUE SO.
104
LAKE WORTH FL 33463

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD**
NAME **MCALONAN, FRANCIS R JR.**
STREET ADDRESS **4010 57TH AVENUE S., #204**
CITY-ST-ZIP **LAKE WORTH FL 33463**

Delete

TITLE

Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 titles unpowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis R. McAlonan Jr

1/10/03

Date

Daytime Phone #

CR2E034 (10/02)