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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2003 8:00 am

DOCUMENT # P0200069576 1. Entity Name WBG CONSULTING, INC.				02-28-2003 90125 045 ***150.00	
Principal Place of Business 12542 RIVER BIRCH DRIVE RIVERVIEW FL 33569		Mailing Address 12542 RIVER BIRCH DRI RIVERVIEW FL 33569	VE		
2. Principal Place of Business		3. Mailing Address	· .		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number Applied For	
Zip	Country	Zip	Country	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	
8. The above name the obligations of		for the purpose of changing its	City s registered office or regis	FL Zip Code stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	e, typed or printed name of registered ego	nt and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE	
After May Make Check Paya	OW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 ble to Flerida Department	of State	<u> </u>	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
STREET ADDRESS 1254	NTHAM, WILLIAM B 2 RIVER BIRCH DRIVE RVIEW FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	***	☐ Delete	TITLE	☐ Change ☐ Addition	

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 CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

SIGNATURE:

TITLE

NAME

Delete

Daytime Phone #

☐ Change

☐ Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP