

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91526 008 ***158.75

DOCUMENT # **PO2000097600**

1. Entity Name
W. O. G. Trucking, Inc.



DO NOT WRITE IN THIS SPACE

10090539

2. Principal Place of Business

5411 Sands Blvd

3. Mailing Address

11

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

11

4. FEI Number

Applied For

Not Applicable

Zip

33914

Country

Lee

Zip

11

Country

11

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas J. Dauernheim

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

5411 Sands Blvd

City

Cape Coral

FL

Zip Code

33914

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 **Thomas J. Dauernheim**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	Thomas J. Dauernheim	5411 Sands Blvd.	Cape Coral FL 33914
VP	Thomas A. Walsh	5422 Sands Blvd	Cape Coral FL 33914
T and S	Gwen M. Walsh-Dauernheim	5411 Sands Blvd	Cape Coral FL 33914

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: **Thomas J. Dauernheim**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03 239-549-8277

Date

Daytime Phone #

CR2E034B (12/02)