

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90002 022 ***550.00

DOCUMENT # P26230

1. Entity Name
WAYGLO ENTERPRISES, INC.

Principal Place of Business
1541 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409-4709

Mailing Address
1541 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409-4709



2. Principal Place of Business
1033 N. Congress Ave
 Suite, Apt. #, etc.

3. Mailing Address
7882 Sandhill Ct
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
W. Palm Beach Florida

City & State
W. Palm Beach Florida

4. FEI Number **15-0611544**
 Applied For
 Not Applicable

Zip **33409** County **P. Beach**

Zip **33412** County **P. Beach**

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

JACOBSON, WAYNE
7882 SANDHILL CT
WEST PALM BEACH FL 33412

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST <input type="checkbox"/> Delete
NAME	JACOBSON, WAYNE
STREET ADDRESS	7882 SANDHILL CT
CITY-ST-ZIP	WEST PALM BEACH FL 33412
TITLE	D <input type="checkbox"/> Delete
NAME	JACOBSON, WAYNE
STREET ADDRESS	7882 SANDHILL CT
CITY-ST-ZIP	WEST PALM BEACH FL 33412
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **7/13/2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)