

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000076569**

1. Entity Name

WOOG, INC.

Principal Place of Business

**8025 BAYMEADOWS CIRCLE EAST
SUITE 1204
JACKSONVILLE FL 32256**

Mailing Address

**8025 BAYMEADOWS CIRCLE EAST
SUITE 1204
JACKSONVILLE FL 32256**

2. Principal Place of Business

10000 GATE PARKWAY N

3. Mailing Address

10000 GATE PARKWAY N

Suite, Apt. #, etc.

2213

Suite, Apt. #, etc.

2213

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32246

Country

USA

Zip

32246

Country

USA

4. FEI Number

59-3399605

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUCEVIC, JOHN B
8025 BAYMEADOWS CIRCLE EAST
SUITE 1204
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

JOHN B. SUCEVIC

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

10000 GATE PARKWAY NORTH**# 2213**

City

JACKSONVILLE

FL

Zip Code

32246

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

JOHN B. SUCEVIC

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

(NOTE: Registered Agent signature required when reinstating)

1/9/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUCEVIC, JOHN B	
STREET ADDRESS	9838 OLD BAYMEADOWS ROAD, SUITE 327	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN B. SUCEVIC	
STREET ADDRESS	10000 GATE PARKWAY NORTH #2213	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

(904) 996-7578

Daytime Phone #

FILED**Jan 18, 2001 8:00 am
Secretary of State**

01-18-2001 90003 004 ***150.00

C0005179

DO NOT WRITE IN THIS SPACE

0458451

CRCE034 (10/00)