**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rece changed, or on an attachme

**SIGNATURE:** 

## Feb 15, 2002 8:00 am Secretary of State P97000007751 DOCUMENT # 1. Entity Name M. G. OF WPB INC. 02-15-2002 90017 017 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 31873 PO BOX 31873 PALM BEACH GRDNS FL 33420-1873 PALM BEACH GRDNS FL 33420-1873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-2583809 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIBSON, PETER J Street Address (P.O. Box Number is Not Acceptable) 5200 NORTH OCEAN DRIVE #1201 SINGER ISLAND FL 33404 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE ☐ Change ☐ Addition GIBSON, PETER J NAME NAME 1101 BIMINI LANE STREET ADDRESS STREET ADDRESS SINGER ISLAND FL 33404 CITY-ST-7IP 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 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 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information indicated on this report or supplier. is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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re required

ue and accurate and that my signature shall have the same legal effect as if made underroath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if