

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

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90072 038 \*\*\*150.00

DOCUMENT # P97000102475

1. Entity Name

WGM TEAM, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8479 GLENEAGLE WAY

3. Mailing Address

PO Box 413005, PMB 312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3506610

Applied For

Not Applicable

Zip 34120

Country

Zip 34101

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MESICK, WILLIAM G.

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

8479 GLENEAGLE WAY

City

NAPLES

FL

Zip Code

34120

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

x *William G. Mesick*

WILLIAM G. MESICK

x 4-26-02

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

(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. ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 PD  
NAME MESICK, WILLIAM G.  
STREET ADDRESS 8479 GLENEAGLE WAY  
CITY-ST-ZIP NAPLES, FL 34120

TITLE VD  
NAME MESICK, TROY W  
STREET ADDRESS 8479 GLENEAGLE WAY  
CITY-ST-ZIP NAPLES, FL 34120

TITLE STD  
NAME MESICK, JEAN W  
STREET ADDRESS 8479 GLENEAGLE WAY  
CITY-ST-ZIP NAPLES, FL 34120

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: x

*William G. Mesick*

WILLIAM G. MESICK

x 4-26-02

239-352-0871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #