## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

ONTONIA DOSINESS REPORT (UDR)				Secretary of State	
DOCUMENT # P97000102475  1. Entity Name				05-15-2002 90072 038 ***150.00	
WG	M TEAM, INC		· · · · · · · · · · · · · · · · · · ·		
DO NOT WRITE IN THIS SPACE					ı
2. Principal Place of Business 8479 GLENEAGLE WAY Suite, Apt. #, etc.  3. Mailing Address POBox 413005 Suite, Apt. #, etc.			PMB 312	DO NOT WRITE IN TH	HIS SPACE
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 59-35066	Applied For Not Applicable
- Zip 3417	Country	- Zip 34101 -	Country	_5Certificate of Status Desired	\$8.75 Additional Fee Required
Tracing and Alberta (Alberta). Alberta de la companio de la compan		A CONTRACTOR OF THE STATE OF TH		7. Name and Address of Current Register	ered Agent
Name MES				SICK, WILLIAM G.	
Street Address (P				P.O. Box Number is Not Acceptable)	
IN THIS SPACE			8479 GLENEAGLE WAY		
			City NA	ples F	معراد 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   Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
	n is eligible to satisfy its Intangible ement and elects to do so.  back)	After May 1, Amended L	/1 Fee is \$150 00 Fee is \$550 00 JBR is \$61:25 to Department of Stal	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	IRECTORS	<b>建筑的对象建筑的经济</b> 担		
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	BET ADDRESS 8479 GLENEAGLE WAY				
	LE VD				
NAME MESICK, TROY W STREET ADDRESS 8479 GLEN EAGLE WAY CITY-ST-ZIP NAPLES, FL 34120			STREET ADDRESS CITY-ST-ZIP		
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13. I hereby certify	that the information supplied with th	nis filing does not qualify for the	e exemption stated in Sec	ction 119.07(3)(i), Florida Statutes, I further of	ertify that the information

13. Thereby certify that the information supplied with this filing does not quality 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: 🔼

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM G. MESICK

x4-26-62

<u> 239-352-087</u>

Daytime Phone