

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

FILED

02 JUN 24 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name
WGRN Inc.

998 000001259

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2901 Rigsby Ln

3. Mailing Address
2901 Rigsby Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Safety Harbor FL

City & State
Safety Harbor FL

4. FEI Number
59 3508264

Applied For
Not Applicable

Zip
34695

Country

Zip
34695

Country

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

7. Name and Address of Current Registered Agent.

Name
Robert A Forlizzo

Street Address (P.O. Box Number is Not Acceptable)
2903 Rigsby Ln

City
Safety Harbor FL Zip Code
34695

**DO NOT WRITE
IN THIS SPACE**

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)

4-30-02
DATE

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
Robert A Forlizzo
2903 Rigsby Ln
Safety Harbor FL 34695

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
Robert L Hoffman
6095 Barfield Rd Ste 100
Atlanta GA 30328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
Michael T wagner
2901 Rigsby Ln
Safety Harbor FL 34695

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
M. Bridget Tones
2901 Rigsby Ln
Safety Harbor FL 34695

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 727-726-1115

CR2E034B (12/01)