

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S79867**

1. Entity Name
WIG PROPERTIES, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90002 005 ***550.00

Principal Place of Business
**2239 EAST SR 200
YULEE FL 32097**

Mailing Address
**P.O. BOX 1436
YULEE FL 32041**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
26 ST. PETER SVD.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
YULEE FL
Zip
32097

City & State
Country
WASSAU

4. FEI Number **59-3083618**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GUESS, WILLIAM IJON
2239 EAST SR 200
YULEE FL 32097**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUESS, WILLIAM IJON 1484 LOGAN RD YULEE FL 32097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *William Ijon* **WILLIAM IJON** **REGISTERED** **AGENT** **8-22-00** **904 225 2696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR21012-01/0001