

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90006 023 ***550.00

DOCUMENT # 600718

1. Entity Name
WAGNER & MCAFEE, P.A.

Principal Place of Business

1818 S. AUSTRALIAN AVE.
 SUITE 450
 W. PALM BEACH FL 33409
 US

Mailing Address

1818 S. AUSTRALIAN AVE.
 SUITE 450
 W. PALM BEACH FL 33409
 US

2. Principal Place of Business

8922 Estate Dr

Suite, Apt. #, etc.

3. Mailing Address

8922 Estate Drive

Suite, Apt. #, etc.

City & State

West Palm Bch., FL

City & State

West Palm Bch., FL

4. FEI Number

59-1226966

Applied For

Not Applicable

Zip

33411

Country

US

Zip

33411

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCAFEE, WILLIAM J.

SUITE 450

1818 S. AUSTRALIAN AVE.

W. PALM BEACH FL 33409

Name

MCAfee, Helen

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

8922 Estate Drive

West Palm Beach

City

FL

Zip Code

33411

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.

(NOT: Registered Agent's signature required when reinstating)

DATE

Helen M. Afee, President

5/11/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	VPDS	<input type="checkbox"/> Delete
NAME	MCAFEE, HELEN W.	
STREET ADDRESS	1818 S. AUSTRALIAN AVE., SUITE 450	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCAFEE, WILLIAM J	
STREET ADDRESS	1818 S AUSTRALIAN AVE STE 450	
CITY-ST-ZIP	W. PALM BCH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAfee, Helen W	
STREET ADDRESS	8922 Estate Drive	
CITY-ST-ZIP	WPB FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen W. MCAfee

6/4/01

561-795-3075

Date

Daytime Phone #

CR2E034 (10/00)