2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90692 037 ****50.00

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DOCUMENT # L02000025891

1. Entity Name
WAGNER BOATING, LLC

Principal Place of Business	Mailing Address
8629 KEY HARBOUR DRIVE INDIANAPOLIS IN 46236	8629 KEY HARBOUR DRIVE INDIANAPOLIS IN 46236

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2222 Kingfish Road	310 N Alabama St
Suite, Apt. #, etc.	Suite, Apt. #, etc. 340
City & State: Naples, FL	City & State: Indianapolis, IN
Zip: 34102 Country: USA	Zip: 46204 Country: USA

4. FEI Number 06-1650570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQ.
C/O CHEFFY, PASSIDOMO, ET AL
821 FIFTH AVE. SOUTH, SUITE 201
NAPLES FL 34102

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAGNER, TIMOTHY L 8629 KEY HARBOUR DRIVE INDIANAPOLIS IN 46236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2222 Kingfish Road Naples, FL 34102	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Tim Wagner Managing Member 4/24/03 317-509-4095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #