

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 474206

1. Entity Name

WAGNER OFFICE FURNITURE, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90016 035 \*\*\*150.00

Principal Place of Business

Mailing Address

602 N ROME AVE  
TAMPA FL 33606  
US

602 N ROME AVE  
TAMPA FL 33606-1252  
US

2. Principal Place of Business

3. Mailing Address

13735 Chestersall Dr  
Suite, Apt. #, etc.

13735 Chestersall Dr  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa, FL

Tampa, FL

4. FEI Number

59-1593270

Applied For

Not Applicable

Zip Country  
33624 U.S.

Zip Country  
33624 U.S.

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

DYKEMA, KENNETH W.  
13735 CHESTERSALL DR.  
TAMPA FL 33624

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

*Kenneth W. Dykema Pres.*

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 \$150.00**  
**After MAY 1, 2000 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	V	<input checked="" type="checkbox"/> Delete
NAME	SHANNON, BARRY	
STREET ADDRESS	11901 4TH ST N APT 220	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PLUMB, BEVERLY T	
STREET ADDRESS	1100-B PINE RIDGE CIR W	
CITY-ST-ZIP	TARPON SP. FL	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	DYKEMA, KENNETH W.	
STREET ADDRESS	13735 CHESTERSALL DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DYKEMA, SANDRA P	
STREET ADDRESS	13735 CHESTERSALL DR	
CITY-ST-ZIP	TAMPA FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Kenneth W. Dykema*  
Kenneth W. Dykema  
President

2/14/2000 (813) 969-2058  
Date Daytime Phone #

CF2E0C4 (5/99)