

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90075 007 \*\*\*150.00

**DOCUMENT # 506263**

1. Entity Name  
**XAVIER J. WAHNER, C. P. A., CHARTERED**

Principal Place of Business <del>4000 NORTH FEDERAL HIGHWAY</del> <del>SUITE 206</del> <del>BOCA RATON FL 33431-4527</del>	Mailing Address <b>4000 NORTH FEDERAL HIGHWAY</b> <b>SUITE 206</b> <b>BOCA RATON FL 33431-4527</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1700 South Dixie Highway</b> Suite, Apt. #, etc. <b>Suite 103</b> City & State <b>Boca Raton, Florida</b> Zip Country <b>33432 USA</b>	3. Mailing Address <b>P.O. Box 2859</b> Suite, Apt. #, etc. City & State <b>Boca Raton, Florida</b> Zip Country <b>33427 USA</b>
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4. FEI Number <b>59-1677942</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**WAHNER, XAVIER J.**  
**4000 NORTH FEDERAL HIGHWAY**  
**STE 206**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) <b>1700 South Dixie Highway</b>
<b>Suite 103</b>
City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WAHNER, XAVIER JUAN</b> <del><b>4000 N. FEDERAL HIGHWAY</b></del> <del><b>BOCA RATON FL</b></del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WAHNER, GLENDA M.</b> <del><b>4000 N FEDERAL HWY</b></del> <del><b>BOCA RATON FL</b></del>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1700 S. Dixie Highway, Suite 103</b> <b>Boca Raton, Florida 33432</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1700 S. Dixie Highway, Suite 103</b> <b>Boca Raton, Florida 33432</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Xavier J. Wahner **Xavier J. Wahner, Pres.** 2-12-2000 561-392-5020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)