

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600718

1. Entity Name

WAGNER, JOHNSON, MCAFEE & BODIK, P.A.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90056 019 ***150.00

Principal Place of Business

Mailing Address

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

P.O. BOX 3466
W. PALM BEACH FL 33409-6451
US

2. Principal Place of Business

3. Mailing Address

1818 So. Australian Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste #450

City & State

City & State

West Palm Beach, FL

Zip

Country

Zip

33409

4. FEI Number

59-1226966

Applied For

Not Applicable

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

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 \$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 VPDS ☐ Delete
NAME MCAFEE, HELEN W.
STREET ADDRESS 1818 S. AUSTRALIAN AVE., SUITE 450
CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME MCAFEE, WILLIAM J
STREET ADDRESS 1818 S AUSTRALIAN AVE STE 450
CITY-ST-ZIP W. PALM BCH FL-33409

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WAGNER, WARD JR
STREET ADDRESS 1818 S. AUSTRALIAN AVE., SUITE 450
CITY-ST-ZIP W. PALM BCH FL 33409

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4/6/2000 (561)
686-5200

CR2E034 (9/99)