

2002 UNIFORM BUSINESS REPORT (UBR)

0008619 AT

DOCUMENT # A97000002901

1. Entity Name
WAGGENER ENTERPRISES, LTD.

FILED

02 APR 29 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**6321 QUARTER HORSE CIRCLE
COCOA FL 32926**

Mailing Address
**6321 QUARTER HORSE CIRCLE
COCOA FL 32926**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3484892** 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

**WAGGENER, FREDERICK H
6321 QUARTER HORSE CIRCLE
COCOA FL 32926**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$18,950.00**

10. Amount of Capital Contributions in FLORIDA to date. **18,950**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WAGGENER, FREDERICK H 6321 QUARTER HORSE CIRCLE COCOA FL 32926
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WAGGENER, TERESA Y 6321 QUARTER HORSE CIRCLE COCOA FL 32926
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Y. SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-22-02 (321)-632-1721
Date Daytime Phone #

CR2E003 (9/01)