2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002901

1. Entity Name
WAGGENER ENTERPRISES, LTD.

FILED
03 APR 22 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000870 4 AT

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3484892 — Applied For / Not Applicable

Zip | Country | Zip | Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGGENER, FREDERICK H
6321 QUARTER HORSE CIRCLE
COCOA FL 32926

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. DATE

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

10. Amount of Capital Contributions in FLORIDA to date. 18,950.00

11. MAKE CHECK PAYABLE TO FL. 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 #		STREET ADDRESS	
NAME	WAGGENER, FREDERICK H		
STREET ADDRESS	6321 QUARTER HORSE CIRCLE	CITY-ST-ZIP	
CITY-ST-ZIP	COCOA FL 32926		
DOCUMENT #		STREET ADDRESS	
NAME	WAGGENER, TERESA Y		
STREET ADDRESS	6321 QUARTER HORSE CIRCLE	CITY-ST-ZIP	800016860418 04/22/03--01036--008 **221.40
CITY-ST-ZIP	COCOA FL 32926		
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CITY-ST-ZIP			

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: 4. SIGNATURE REQUIRED 4-14-03 324-452-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)