

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G19720**

Entity Name

WAGE PROPERTIES, INC.**FILED**
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90231 037 ***550.00

Principal Place of Business

**WINING COURT
ORMOND BEACH FL 32176**

Mailing Address

**192 WINING COURT
ORMOND BEACH FL 32176
US**

000100



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2940948**

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****SIGERSON, DAVID K.
192 WINING COURT
ORMOND BEACH FL 32176****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 is required when reinstating)

DATE

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, 2001 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**OFFICERS AND DIRECTORS**

1.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	DELETE	TITLE	CHANGE	ADDITION
PD FLATT, MARVIN 192 WINING CT ORMOND BCH FL 32175	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
SD SIGERSON, DAVID K. 192 WINING CT ORMOND BCH FL 32175	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

DAVID K. SIGERSON**5-21-01**

Date

(904) 672-7008

Daytime Phone #

CR2E034 (10/00)