

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-11-2000 90037 035 ***150.00

DOCUMENT # L37348
 1. Entity Name
WAGNER CONSTRUCTION COMPANY, INC.

Principal Place of Business 2200 MONTCLAIR RD. SUITE 101 LEESBURG FL 34748 US	Mailing Address 2200 MONTCLAIR RD. SUITE 101 LEESBURG FL 34748-4726 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2985750** 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	
WAGNER, KENNETH D. 5526 SPINAKE LOOP LADY LAKE FL 32159		Name Kenneth D. Wagner Street Address (P.O. Box Number is Not Acceptable) 2200 Montclair Road Suite 101 City Leesburg FL Zip Code 34748	

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

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	P WAGNER, KENNETH D 5526 SPINAKE LOOP LADY LAKE FL 32159 <input type="checkbox"/> Delete	TITLE	XX Change <input type="checkbox"/> ***** 6815 Tuscawilla Drive Leesburg, FL 34748
TITLE	V WAGNER, MELANIE K 5526 SPINAKE LOOP LADY LAKE FL 32159 <input type="checkbox"/> Delete	TITLE	XX Change <input type="checkbox"/> ***** 6815 Tuscawilla Drive Leesburg, FL 34748
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> *****
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> *****

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melanie K. Wagner 4/3/00 (352) 728-222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #