

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 27 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L95000000274			
1. Entity Name WAGNER & DI MAIO L.C.			
Principal Place of Business 21 GLENS DRIVE WEST BOYNTON BEACH FL 33436		Mailing Address 21 GLENS DRIVE WEST BOYNTON BEACH FL 33436	
2. Principal Place of Business 35 HAMPSHIRE LANE Suite, Apt. #, etc.		3. Mailing Address 35 HAMPSHIRE LANE Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FLORIDA Zip 33436 Country USA		City & State BOYNTON BEACH, FLORIDA Zip 33436 Country USA	
4. FEI Number 65-0584410		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WAGNER, LUCILLE 21 GLENS DRIVE WEST BOYNTON BEACH FL 33436		7. Name and Address of New Registered Agent Name: WAGNER, LUCILLE Street Address (P.O. Box Number is Not Acceptable): 35 HAMPSHIRE LANE City: BOYNTON BEACH FL Zip Code: 33436	
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: LUCILLE WAGNER, PRESIDENT JULY 24, 2000 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGNER, LUCILLE 21 GLENS DRIVE WEST BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGNER, LUCILLE 35 HAMPSHIRE LANE BOYNTON BEACH, FLORIDA 33436	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Lucille Wagner</i>		07/24/00 561 732 6623	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>	

CR2E083 (5/00)