

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-17-2002 90027 032 ****50.00

86372

DOCUMENT # M01000000690

1. Entity Name

PHILIP D. WAGNER CO., LLC

Principal Place of Business

1117 SNYDER RD.
 WEST LAWN PA 19609-1100

Mailing Address

1117 SNYDER RD.
 WEST LAWN PA 19609-1100

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

APPLIED FOR

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

See attached

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: **PRESIDENT**
 NAME: **WAGNER, PHILIP D.**
 STREET ADDRESS: **4 FOREST COURT**
 CITY-ST-ZIP: **READING, PA 19606**

TITLE: ☐ Delete
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10.

ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

CR2E083 (9/01)

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.

PHILIP D WAGNER,

SIGNATURE:

Philip D Wagner
PHILIP D WAGNER, PRESIDENT

4/5/02

(610) 678-1913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

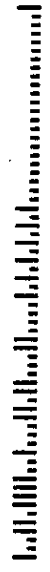
Daytime Phone #

Department of the Treasury
Internal Revenue Service
PHILADELPHIA PA 19255

SB

Date of this notice: MAY 7, 2001
Number of this notice: 277
Taxpayer Identification Number: 23-3073761

Form: Tax Period:



PHILIP D WAGNER CO LLC
WAGNER PHILIP D SINGLE OWNER
1117 SNYDER RD
WEST LAWN PA 19609-1100175

For assistance you may
call us at:
1-800-829-1040

WE HAVE APPROVED YOUR FORM 8832, ENTITY CLASSIFICATION ELECTION
WE HAVE APPROVED YOUR ELECTION AS A DOMESTIC ELIGIBLE ENTITY WITH A SINGLE OWNER
TO BE DISREGARDED AS A SEPARATE ENTITY. THE EFFECTIVE DATE OF THIS ELECTION IS
DEC. 15, 2000.

If you have any questions about this notice, please call us at the number shown above. If you
prefer you can write us. If you write, please include the bottom part of this notice. Please provide
your telephone number and the best time for us to call if we need to reach you.

Thank you for your cooperation.

Keep this part for your records

Attachment
86372

#401000000690