

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000025327

1. Entity Name

C.A. WAGNER CONSTRUCTION, INC.

FILED

02 AUG 16 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500007316825--9
-08/23/02--01070--007
***\$550.00 ***\$550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6346 BLUE BAY CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

6346 BLUE BAY CIRCLE

Suite, Apt. #, etc.

City & State

Lake Worth Florida

City & State

Lake Worth Florida

4. FEI Number

65-0986374

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joann Wagner

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

6346 BLUE BAY CIRCLE

City

Lake Worth

FL

Zip Code

33467

**DO NOT WRITE
IN THIS SPACE**

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

Joann L. Wagner

8-14-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P.D.
WAGNER, CHARLES A
6346 BLUE BAY CIRCLE
Lake Worth FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

W.D.
WAGNER JOANN L
6346 BLUE BAY CIRCLE
Lake Worth FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

Joann L. Wagner

Joann L. Wagner

Date

Daytime Phone #

561-3578262

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**