

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085516

1. Entity Name

WAGNER'S FIBER TECHNOLOGY, INC.

Principal Place of Business

362 GULF BREEZE PARKWAY, #146  
GULF BREEZE FL 32561-4492

Mailing Address

362 GULF BREEZE PARKWAY, #146  
GULF BREEZE FL 32561-4492

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3669810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERRY, AMY A  
4477 LEGENDARY DRIVE  
SUITE 202  
DESTIN FL 32541

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

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, 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

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WAGNER, MARK  
362 GULF BREEZE PARKWAY, #146  
GULF BREEZE FL 32561-4492

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Mark Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/01

Date

850-902-1067

Daytime Phone #

9649



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment  
D#0000085516

9649

6.12.01

TO WHOM IT MAY  
CONCERN,

DUE TO THE FACT  
THAT IVE HAD MAIL  
FORWARDED FROM  
TWO SEPARATE ADDRESSES  
I JUST RECEIVED  
THIS ONE WEEK  
AGO. (6/4/01). PLEASE  
EXCUSE LATE FILING

Mah Wajner