

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90020 038 \*\*\*150.00

**DGCUMENT # P01000098973**

1. Entity Name  
**WAGONER PRESS, INC.**

Principal Place of Business

**5420 STATE ROAD 84  
 BAY 2 THROUGH 5  
 DAVIE FL 33313**

Mailing Address

**5420 STATE ROAD 84  
 BAY 2 THROUGH 5  
 DAVIE FL 33313**

17871



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5420 ST RD 84  
 Suite, Apt. #, etc.  
 Bay 2 through 5  
 City & State  
 DAVIE Florida  
 Zip  
 33313**

3. Mailing Address

**5420 ST RD 84  
 Suite, Apt. #, etc.  
 Bay 2 through 5  
 City & State  
 DAVIE Florida  
 Zip  
 33313**

4. FEI Number

**65-0978738**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WAGONER, EARL T JR.  
 150 NW 78TH AVE  
 PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name **EARL T. WAGONER JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 NW 78 Avenue**  
 City **Pembroke Pines** FL **33024**

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 **Earl T. Wagoner Jr.**  
 Signature, typed or printed name of registered agent and title if applicable (Not Registered Agent signature required when reinstalling)

**1-15-02**  
 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, 2002 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	<b>President Earl T. Wagoner Jr. 150 NW 78 Avenue, Pembroke Pines, Fla 33024</b>	<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
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Earl T. Wagoner Jr.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-02 954-377-3693**  
 Date Daytime Phone #

CR2E034 (9/01)