

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90003 050 ***150.00

DOCUMENT # P93000004471
 1. Entity Name
WAGNER DEVELOPMENT, INC.

Principal Place of Business Mailing Address
5930 GULF OF MEXICO DR **5930 GULF OF MEXICO DR**
LONGBOAT KEY FL 34228 **LONGBOAT KEY FL 34228**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0475553** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROLF-JURGEN, WAGNER
5930 GULF OF MEXICO DR
LONGBOAT KEY FL 34228

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete
NAME	WAGNER, ROLF-JURGEN
STREET ADDRESS	5930 GULF OF MEXICO DR
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	SV <input type="checkbox"/> Delete
NAME	WAGNER, GABRIELA
STREET ADDRESS	5930 GULF OF MEXICO DR
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	TR <input type="checkbox"/> Delete
NAME	WAGNER, OLIVER
STREET ADDRESS	1360 SILVERSMITH DR
CITY-ST-ZIP	OAKVILLE ON
TITLE	D <input type="checkbox"/> Delete
NAME	WAGNER, ALEXANDER
STREET ADDRESS	1229 CHESTNUT ST 6
CITY-ST-ZIP	SAN FRANCISCO CA 94109
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIG WAGNER* **ROLF-JURGEN WAGNER**, Feb. 15 / 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)