

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90123 033 ***150.00

DOCUMENT # **P93000004471**

1. Entity Name
WAGNER DEVELOPMENT, INC.



Principal Place of Business
**5940 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US**

Mailing Address
**5940 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US**

90005017



2. Principal Place of Business
5940 GOMD.

3. Mailing Address
5940 GOMD

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0475553**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROLF-JURGEN, WAGNER~~
~~5940 GULF OF MEXICO DR~~
~~LONGBOAT KEY FL 34228~~

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
5940 GOMD.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R-J. WAGNER* = **R-J. WAGNER** Jan 15 - 03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, ROLF-JURGEN <input type="checkbox"/> Delete 5940 GULF OF MEXICO DR LONGBOAT KEY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV WAGNER, GABRIELA <input type="checkbox"/> Delete 5940 GULF OF MEXICO DR LONGBOAT KEY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WAGNER, OLIVER <input type="checkbox"/> Delete 1360 SILVERSMITH DR OAKVILLE ON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WAGNER, ALEXANDER 1229 CHESTNUT ST 6 SAN FRANCISCO CA 94109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WAGNER, ALEXANDER 1120 Broadway SAN FRANCISCO CA 94109
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R-J. WAGNER* **REQ R-J. WAGNER** Jan 15 - 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)