

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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 **ROLF-J. WAGNER**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 15-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WAGNER, ROLF-JURGEN**
STREET ADDRESS **5940 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **5940**
CITY-ST-ZIP

TITLE **SV** ☐ Delete
NAME **WAGNER, GABRIELA**
STREET ADDRESS **5940 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **5940**
CITY-ST-ZIP

TITLE **TR** ☐ Delete
NAME **WAGNER, OLIVER**
STREET ADDRESS **1360 SILVERSMITH DR**
CITY-ST-ZIP **OAKVILLE ON**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **WAGNER, ALEXANDER**
STREET ADDRESS **1229 CHESTNUT ST 6**
CITY-ST-ZIP **SAN FRANCISCO CA 94109**

TITLE **D** ☒ Change ☐ Addition
NAME **WAGNER, ALEXANDER**
STREET ADDRESS **1120 Broadway**
CITY-ST-ZIP **SAN FRANCISCO CA 94109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **ROLF-J. WAGNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15-03

Date

Daytime Phone #

CR2E034 (10/02)