

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042134

1. Entity Name

H. THOMAS WAGNER, JR., P.A.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90001 027 ***150.00

Principal Place of Business

Mailing Address

~~1601 FORUM PLACE~~

~~1601 FORUM PLACE~~

~~#300~~

~~#300~~

~~WEST PALM BEACH FL 33401~~

~~WEST PALM BEACH FL 33401-8102~~

US

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2161 PALM BEACH LAKES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE II 450

City & State

City & State

WEST PALM BEACH

Zip
33409

Country

PALM BEACH

Zip

Country

U.S.

4. FEI Number

65-0492775

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

WAGNER, H T JR

1601 FORUM PLACE

SUITE 300

WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

2161 PALM BEACH LAKES BLVD.

#450

City
W. P. B.

FL

Zip Code
33409

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	2161 PALM BEACH LAKES BLVD.
CITY-ST-ZIP		CITY-ST-ZIP	SUITE 450 W.P.B. FL 33409
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/99)