

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90022 008 ***150.00

DOCUMENT # P95000038685

1. Entity Name
HOUGHTON-WAGMAN CORPORATION

Principal Place of Business
1050 FRIENDLY WAY SOUTH
SAINT PETERSBURG FL 33705

Mailing Address
1050 FRIENDLY WAY SOUTH
SAINT PETERSBURG FL 33705

2. Principal Place of Business
1219 DARLINGTON OAK CIRCLE NE
 Suite, Apt. #, etc.

3. Mailing Address
1219 DARLINGTON OAK CIRCLE NE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, Florida
Zip 33703 **Country** USA

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St. Petersburg, Florida
Zip 33703 **Country** USA

4. FEI Number 65-0597506

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WAGMAN, SCOTT
1050 FRIENDLY WAY SOUTH
SAINT PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name Same
Street Address (P.O. Box Number is Not Acceptable) 1219 DARLINGTON OAK CIRCLE NE
City St. Petersburg, **FL** **Zip Code** 33703

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 2/13/02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	HOUGHTON, BETH
STREET ADDRESS	1050 FRIENDLY WAY SOUTH
CITY-ST-ZIP	SAINT PETERSBURG FL 33705
TITLE	D <input type="checkbox"/> Delete
NAME	WAGMAN, SCOTT
STREET ADDRESS	1050 FRIENDLY WAY SOUTH
CITY-ST-ZIP	SAINT PETERSBURG FL 33705
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1219 DARLINGTON OAK CIRCLE NE
CITY-ST-ZIP	St. Petersburg, FL 33703
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1219 DARLINGTON OAK CIRCLE NE
CITY-ST-ZIP	St. Petersburg, FL 33703
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/13/02

DAYTIME PHONE # 727-526-7717

CFR2E034 (9/01)