

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90075 038 ***150.00

DOCUMENT # P95000038819

1. Entity Name

TOM WAGNER TRUCKING & TRACTOR SERVICE, INC.

Principal Place of Business

Mailing Address

~~4295 SW 11 PLACE~~
CAPE CORAL FL 33914

~~4295 SW 11 PLACE~~
CAPE CORAL FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4925 SW 11 PLACE

Suite, Apt. #, etc.

4925 SW 11 PLACE

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0557902**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, THOMAS K

~~1205 32ND STREET~~
CAPE CORAL FL 33904-3947

Name

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

4925 SW 11 PLACE

City

FL

Zip Code

33914

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

X M. Daphne Wagner

8-15-01

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WAGNER, THOMAS K	
STREET ADDRESS	4295 SW 11 PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VST	<input type="checkbox"/> Delete
NAME	WAGNER, M. DAPHNE	
STREET ADDRESS	4295 SW 11 PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4925 SW 11 PLACE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4925 SW 11 PLACE	
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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:

X M. Daphne Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-01

Date

941-945-4289

Daytime Phone #

CR2E034 (10/00)