

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90192 049 ***150.00

DOCUMENT # P95000038819

1. Entity Name
TOM WAGNER TRUCKING & TRACTOR SERVICE, INC.



Principal Place of Business
4461 HANCOCK BRIDGE PKWY
NORTH FORT MYERS FL 33903

Mailing Address
4925 SW 11TH AVENUE
CAPE CORAL FL 33914

2. Principal Place of Business

3. Mailing Address

4925 SW 11TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CAPE CORAL FLORIDA

Zip

Country

Zip

Country

33914

USA

4. FEI Number 65-0557902

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, THOMAS K
4925 SW 11TH AVENUE
CAPE CORAL FL 33914

PLACE

Name

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
WAGNER, THOMAS K
4925 SW 11TH PLACE
CAPE CORAL FL 33914

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
VST
WAGNER, M. DAPHNE
4925 SW 11TH PLACE
CAPE CORAL FL 33914

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ 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:

Signature and typed or printed name of signing officer or director
Thomas K. Wagner, President

Date

Daytime Phone #

3-87-03

CR2E034 (10/02)