## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P95000059682 WAGNER ENGINEERING SERVICES, CO. 01-30-2001 90086 048 \*\*\*150.00 Principal Place of Business Mailing Address 2533 IRONWOOD COURT 2533 IRONWOOD COURT ORANGE PARK FL 32065 Orange Park FL 32065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3333167 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name -SANTORO, THOMAS C ESQ. Street Address (P.O. Box Number is Not Acceptable) 1700 WELLS RD. SUITE 5 **ORANGE PARK FL 32073** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE TITLE Delete WAGNER, ROBERT M NAME NAME STREET ADDRESS 2533 IRONWOOD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32065** Change ☐ Addition ☐ Delete TITLE TITLE WAGNER, WANDA D NAME NAME STREET ADDRESS STREET ADDRESS 2533 IRONWOOD COURT CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32065** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME

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. Robert M. Wagner

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

STREET ADDRESS CITY-ST-ZIP

Jan 21, 2001 /904-276-3346

Davtime Phone #