

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90102 010 \*\*\*150.00

**DOCUMENT # P96000003791**

1. Entity Name  
**WAGLER CONSTRUCTION OF SOUTH FLORIDA, INC.**

Principal Place of Business      Mailing Address  
**1411 17TH ST SW      1411 17TH ST SW**  
**NAPLES FL 34117      NAPLES FL 34117**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **65-0634860**      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**

**CAMHI, JOEL R**  
**10100 W SAMPLE RD #300**  
**CORAL SPRINGS FL 33065**

Name  
**Siegel, Lieberman + Associates P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9690 West Sample Road**  
**Suite 202**  
 City  
**Coral Springs**      FL      Zip Code  
**33065**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WAGLER, LAMAR</b>	
STREET ADDRESS	<b>1411 17TH ST SW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34117</b>	
TITLE	<b>Office manager</b>	<input type="checkbox"/> Delete
NAME	<b>WAGLER KARI</b>	
STREET ADDRESS	<b>1411 17th St SW</b>	
CITY-ST-ZIP	<b>Naples FL 34117</b>	
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		

TITLE	<b>Office manager</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAGLER KARI</b>	
STREET ADDRESS	<b>1411 17th St. SW</b>	
CITY-ST-ZIP	<b>NAPLES, FL. 34117</b>	
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: Kari Wagler      **KARI WAGLER**

Date: Jan. 13, 2001      Daytime Phone #: (941) 354-9115

CR2E034 (10/00)