2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business 1411 17TH ST SW

P96000003791

Mailing Address 1411 17TH ST SW

MADIEC EL 24117

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



FILED Mar 24, 2003 8:00 am \(\frac{\xi}{\xi} \) Secretary of State

03-24-2003 90644 044 ***150.00

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MAPLES PL 34(1)				NAPLES FL 34117				1 Effents 130 1014 5411 10511 10011 10011	841)	A (B(B))(B) (BB)	
2. Principal Place of Business				3. Mailing Address				E 13061001 SIO COIEO NIELI NOEL BAILL DELL B	J	.	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State				4. FEI Number 65-0634860	Applied For		
Zip		Country		Zip Cou		atru				ot Applicable	
		ಸಿದ್ದೇ ಆರ್~	* *	2 · 20 4 · 20 · 20 · 20 · 20 · 20 · 20 ·			- ,,!	-5Certificate of Status Desired - \$8.75 Addition Fee Required			
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
SIEGELAUB LIEBERMAN AND ASSOCIATES PA						Name ,					
9690 W SAM		7 AIN AOOC	OIATEOT				ss (P.C	(P.O. Box Number is Not Acceptable)			
SUITE 202											
CORAL SPRINGS FL 33065											
						City .		F	Zip Cod	de	
8. The above nan the obligations	ned entity	submits this stat	ement for th	he purpose of changing	its registere	ed office or regis	stered	agent, or both, in the State of Florida. I a	ım familiar with,	and accept	
ino obligations	or regiote	roa agoni.				-					
SIGNATURE	ature, typed o	r printed name of regis	tered agent and	I title if applicable . (N	OTF: Banistara	d Agent signature requ	uírad who	en reinstating) DAT			
		<u> </u>		(1)				Distributing)			
FILE NOW!!! FEE IS \$150.00 After May 1: 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be											
Make Check Payable to Florida Department of State								Trust Fund Contribution.	☐ Added	d to Fees	
10.		OFFICE	RS AND DI	RECTORS	11.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE P	AGLER, L	AMAD		☐ Delete	TITLE	1			☐ Change	☐ Addition	
	11 17TH				NAMI STRE	et address					
	VPLES FL					-ST-ZIP					
TITLE OF				☐ Delete	TITLE	:			☐ Change	☐ Addition	
	AGLER, I 11 17 ST				NAMI	Į.					
	NPLES FL					ET ADORESS - ST-ZIP					
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NAME					NAME						
STREET ADDRESS CITY-ST-ZIP					1	ET ADDRESS ST-ZIP				ĺ	
07 1111					■ UII1-	UI-ZIF					

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: A

1-19-03