

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90052 041 \*\*\*150.00

**DOCUMENT # P96000029610**  
 1. Entity Name  
**WAGLERS LAWN SERVICE, INC.**

Principal Place of Business 483 PARKLAND AVE SARASOTA FL 34232	Mailing Address 483 PARKLAND AVE SARASOTA FL 34240-6503
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**913710**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8250 Boleyn Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>8250 Boleyn Rd</b> Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>85-0659069</b>	Applied For <input type="checkbox"/>
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Zip <b>34240</b>	Country	Zip <b>34240</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**WAGLER, CHERYL**  
**483 PARKLAND AVE**  
**SARASOTA FL 34232**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**8250 Boleyn Rd**  
 City **Sarasota** FL Zip Code **34240**

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 *Cheryl Wagler Cheryl Wagler Sec/Trea.* *1-29-00*  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WAGLER, KEN</b> <del><b>483 PARKLAND AVE</b></del> <b>82</b> <b>SARASOTA FL 34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input type="checkbox"/> Delete <b>WAGLER, CHERYL</b> <del><b>483 PARKLAND AVE</b></del> <b>SARASOTA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <b>8250 Boleyn Rd</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <b>8250 Boleyn Rd</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cheryl Wagler Cheryl Wagler Sec/Trea.* *1-29-00* *941-377-221*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #