

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055945

1. Entity Name  
**KENNY WAGNON, INC.**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90180 019 \*\*\*150.00

Principal Place of Business  
~~2001 KNITTLE CIRCLE~~  
~~NEW SMYRNA BEACH FL 32168~~  
~~US~~

Mailing Address  
~~2001 KNITTLE CIRCLE~~  
~~NEW SMYRNA BEACH FL 32168~~  
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2669 Turnbull Bay Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**2669 Turnbull Bay Rd**  
Suite, Apt. #, etc.

City & State  
**New Smyrna Bch, FL**  
Zip Country  
**32168 USA**

City & State  
**New Smyrna Bch, FL**  
Zip Country  
**32168 USA**

4. FEI Number **59-3389296** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WAGNON, WILLIAM K**  
~~2001 KNITTLE CIRCLE~~  
**NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent  
Name  
**Wagnon, William K**  
Street Address (P.O. Box Number is Not Acceptable)  
**2669 Turnbull Bay Rd**  
City  
**New Smyrna, Bch FL** Zip Code  
**32168**

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 William K. Wagnon  
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. ☐  
(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>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGNON, WILLIAM K</b>		NAME	<b>Wagnon, William K</b>	
STREET ADDRESS	<del>2001 KNITTLE CIRCLE</del>		STREET ADDRESS	<b>2669 TURNBULL BAY RD</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>		CITY-ST-ZIP	<b>NEW SMYRNA Bch, FL 32168</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Wagnon, Sherry A</b>	
STREET ADDRESS			STREET ADDRESS	<b>2669 TURNBULL BAY RD</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>NEW SMYRNA Bch, FL 32168</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: William K. Wagnon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)