

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90070 045 ***158.75

DOCUMENT # P96000058204

1. Entity Name

WAGONER PRINTING, INC.

Principal Place of Business

Mailing Address

P.O. BOX 702
POMPANO BEACH FL 33061

P.O. BOX 702
POMPANO BEACH FL 33061

2. Principal Place of Business

1701 NE 2 ST

3. Mailing Address

PO Box 702

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Bch.

City & State

Pompano Bch.

Zip

33060

Country

USA

Zip

33061

Country

USA

4. FEI Number

65-0679256

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

WAGONER, MARJORIE E
1701 N.E. 2ND ST.
POMPANO BEACH FL 33060

Name

MARJORIE E WAGONER

Street Address (P.O. Box Number is Not Acceptable)

1701 NE 2 ST

Pompano Bch, FLA

City

FL

Zip Code

33060

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

MARJORIE E WAGONER
Marjorie E Wagoner

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

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	PST	<input type="checkbox"/> Delete
NAME	WAGONER, MARJORIE E	
STREET ADDRESS	1701 N.E. 2ND ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WAGONER, EARL T JR	
STREET ADDRESS	1701 N.E. 2ND ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGONER, Rudolph W. Sr.	
STREET ADDRESS	1701 NE 2ND ST.	
CITY-ST-ZIP	Pompano Bch, FLA 33060	
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		
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: MARJORIE E WAGONER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 (954) 942-1248

CR2E034 (10/00)