

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90051 039 ***550.00

DOCUMENT # P96000058204

1. Entity Name
WAGONER PRINTING, INC.

Principal Place of Business
1701 NE 2ND STREET
POMPANO BEACH FL 33060

Mailing Address
P.O. BOX 702
POMPANO BEACH FL 33061

2. Principal Place of Business
1701 NE 2ND ST
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 702
 Suite, Apt. #, etc.
Pompano Bch, FLA

City & State
Pompano Bch, FLA

City & State
FLA

4. FEI Number
65-0679256

Applied For
 Not Applicable

Zip
33061

Country
USA

Zip
33061

Country
BROWARD

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
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marjorie E. Wagoner*
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *9/11/02*

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
 NAME **WAGONER, MARJORIE E**
 STREET ADDRESS **1701 N.E. 2ND ST.**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **WAGONER, RUDOLPH W SR**
 STREET ADDRESS **1701 N.E. 2ND ST.**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

September 11-2002 942-1248
 Date Daytime Phone #

CR2E034 (4/02)