

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081397

1. Entity Name

WAGNER & WAGNER, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90025 033 \*\*\*150.00

Principal Place of Business

Mailing Address

20423 STATE ROAD 7  
SUITE 149  
BOCA RATON FL 33498  
US

20423 STATE ROAD 7  
SUITE 149  
BOCA RATON FL 33498-6797  
US

036068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20423 STATE RD 7

3. Mailing Address

20423 STATE RD 7

Suite, Apt. #, etc.

PMB 149 F-6

Suite, Apt. #, etc.

PMB 149 F-6

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL. 33498-6797

4. FEI Number

65-0700244

Applied For

Not Applicable

Zip

Country

33498-6797

U.S.

Zip

Country

33498-6797

U.S.

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

WAGNER, BROCKETT C  
18288 CORAL ISLES DRIVE  
BOCA RATON FL 33498

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.

SIGNATURE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
WAGNER, BROCKETT C  
20423 STATE ROAD 7, BOX 149  
BOCA RATON FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
WAGNER, VICTORIA  
18288 CORAL ISLES DR  
BOCA RATON FL 33498

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)