

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001664

1. Entity Name

C. WAGNER STRATEGIC CONSULTANCY, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

04-21-2000 90166 036 ***150.00

Principal Place of Business
3420 COUNTY ROAD 540A
LAKELAND FL 33813

Mailing Address
3420 COUNTY ROAD 540A
LAKELAND FL 33813-3934

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**
Applied For
Not Applicable

Zip Country

Zip Country

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

SAUNDERS, THOMAS C
395 SOUTH CENTRAL AVENUE
BARTOW FL 33830

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

April 14, 2000

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	DP WAGNER, CONSTANTIN 3420 COUNTY ROAD 540A LAKELAND FL 33813	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2000
Date

(863) 646 6222
Daytime Phone #

CR2E034 (9/99)

CP 575 A (Rev. 1-95)

CP 575 A

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 02-12-97
EMPLOYER IDENTIFICATION NUMBER: 59-342885
FORM: SS-4

C WAGNER STRATEGIC CONSULTANCY INC
3420 COUNTY RD 540A
LAKELAND FL 33813

#p97000001664

304974

Form **SS-4**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

C. Wagner Strategic Consultancy, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4 a Mailing address (street address) (room, apt., or suite no.)

3420 County Rd. 540A

5 a Business address (if different from address in lines 4a and 4b)

4 b City, state, and ZIP code

Lakeland, FL 33813

5 b City, state, and ZIP code

6 County and state where principal business is located

Polk, FL

7 Name of principal officer, general partner, grantor, owner, or trustee — SSN required (See instructions.)

*Constatin Wagner**594-37-4247*

8 a Type of entity (Check only one box.) (See instructions.)

☐ Sole proprietor (SSN)☐ Estate (SSN of decedent)☐ Partnership☐ Plan administrator - SSN☐ Personal service corp.☒ Other corporation (specify) *C-Corp*☐ REMIC☐ Limited liability co.☐ Trust☐ Farmers' cooperative☐ State/local government☐ National Guard☐ Federal Government/military☐ Church or church-controlled organization☐ Other nonprofit organization (specify)

(enter GEN if applicable)

☐ Other (specify)

8 b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FL

Foreign country

N/A

9 Reason for applying (Check only one box.)

☒ Started new business (specify)☐ Banking purpose (specify)☐ Changed type of organization (specify)☐ Hired employees☐ Created a trust (specify)☐ Created a pension plan (specify type)☐ Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)

2/2/97

11 Closing month of accounting year (See instructions.)

December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

10/1/97

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural

Agricultural

Household

*1**-**-*

14 Principal activity (See instructions.)

Management Consulting

15 Is the principal business activity manufacturing?

☐ Yes☒ No

If "Yes," principal product and raw material used

N/A

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail)☐ Other (specify)☒ Business (wholesale)☐ N/A

17 a Has the applicant ever applied for an identification number for this or any other business?

☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17 b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than name shown on line 1 or 2 above.

Legal name

Trade name

17 c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(941) 646-6222

Fax telephone number (include area code)

Name and title (Please type or print clearly.)

Constatin Wagner

Signature

C. Wagner

Note: Do not write below this line. For official use only.

Please leave blank

Geo.

Ind.

Class

Size

Reason for applying

For Paperwork Reduction Act Notice, see page 4.
ISA

Copy for your information

Form SS-4 (Rev. 12-95)

Only. *Ka Ferguson*

STF FED7769F