

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90058 027 ***158.75

DOCUMENT # P97000011290

1. Entity Name
WAGNER & SOLOMON, P.A.

Principal Place of Business
2400 MAITLAND CENTER PARKWAY
STE 225
MAITLAND FL 32751
US

Mailing Address
P.O. BOX 540537
ORLANDO FL 32854
US

735325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2180 PARK AVENUE NORTH

3. Mailing Address

Suite, Apt. #, etc.
SUITE 318

Suite, Apt. #, etc.
← SAME

City & State
WINTER PARK, FL

City & State

Zip
32789

Country
ORANGE CO.

Zip

Country

4. FEI Number **59-3434369**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WAGNER, LYNN E
198 PROMENADE CIRCLE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name **LYNN E. WAGNER (SAME)**

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

526 ALOKEE COURT

City **LAKE MARY** **FL** Zip Code **32746**

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 *Lynn E. Wagner*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-28-01
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

TITLE **PT** ☐ Delete
NAME **WAGNER, LYNN E**
STREET ADDRESS **2400 MAITLAND CENTER PKWY #225**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **VPS** ☐ Delete
NAME **SOLOMON, RICHARD A**
STREET ADDRESS **2400 MAITLAND CENTER PKWY #225**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
NAME **WAGNER, LYNN E**
STREET ADDRESS **2180 PARK AVENUE NORTH, SUITE 318**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **VPS** ☒ Change ☐ Addition
NAME **SOLOMON, RICHARD S**
STREET ADDRESS **2180 PARK AVENUE NORTH, SUITE 318**
CITY-ST-ZIP **WINTER PARK, FL 32789**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Lynn E. Wagner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01 **407-875-0922**
Date Daytime Phone #

CR2E034 (10/00)