

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

03-19-2003 90139 001 ***150.00

DOCUMENT # **997000031797**

1. Entity Name

WAGNER WHOLESALE AUTO INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2130 A North Orange Blossom Tr
Suite, Apt. #, etc.

3. Mailing Address

2130 A North Orange Blossom Tr
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO

4. FEI Number

59-3438525

Applied For

Not Applicable

Zip

32804

Country

USA
ORANGE

Zip

32804

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William G. Wagner

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

615 RICHLAND COURT

UNIT # 67

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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

William G. Wagner

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

3/15/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	William G. Wagner
STREET ADDRESS	615 RICHLAND COURT #67
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **X William G. Wagner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Wagner

3/15/03

Date

407-869-7161

Daytime Phone

CR2E034B (12/02)