

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90447 036 ***150.00

DOCUMENT # **P97000058435**
1. Entity Name
RL WAGNER PAINTING, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2835 River OAK DR.
Suite, Apt. #, etc.

3. Mailing Address
2835 River OAK DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORANGE PARK, FL
Zip
32073
Country
FLAY

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ORANGE PARK, FL
Zip
32073
Country
FLAY

4. FEI Number
59-3457055
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Keith M. SANDS, JR.
Street Address (P.O. Box Number is Not Acceptable)
1551 ATLANTIC BLVD #200
City
JACKSONVILLE FL Zip Code
32207

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 WAGNER, RONALD L.	STREET ADDRESS 2835 River OAK DR.	CITY-ST-ZIP ORANGE PARK, FL 32073
TITLE Vice-President	NAME WAGNER, Shirley J.	STREET ADDRESS 2835 River OAK DR	CITY-ST-ZIP ORANGE PARK, FL 32073
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	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: **Shirley J. Wagner (Shirley S. Wagner)** 4/10/03 215-9609 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)