

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90096 015 ***150.00

DOCUMENT # P98000025907

1. Entity Name
WAGNER HOME INSPECTIONS, INC.

Principal Place of Business 1832 CAPITAL CIRCLE NORTHEAST #3 TALLAHASSEE FL 32308	Mailing Address 1832 CAPITAL CIRCLE NORTHEAST #3 TALLAHASSEE FL 32308-4463
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2. Principal Place of Business 313 Williams St, Suite, Apt. #, etc. Suite 7 City & State Tallahassee, FL Zip 32303 Country USA	3. Mailing Address 313 Williams St, Suite, Apt. #, etc. Suite 7 City & State Tallahassee, FL Zip 32303 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3511358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KOWALCHYK, DEAN C
1331 E LAFAYETTE ST SUITE F
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name **DEAN C. KOWALCHYK**
 Street Address (P.O. Box Number is Not Acceptable)
4515 ANGLE LANE
 City **TALLAHASSEE** FL Zip Code **32301**

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 DATE _____
(NOTE: Registered Agent signature required when reinstating)

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	CPST WAGNER, VIRGIL A 611 GUNTER ST TALLAHASSEE FL 32308-4921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, KIM S 611 GUNTER ST TALLAHASSEE FL 32308-4921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Secretary** 3/23/00 850-222-4776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #