

2000 UNIFORM BUSINESS REPORT (UBR)

1042

DOCUMENT # P98000027057

1. Entity Name

WAGNER'S 21ST CENTURY INVESTMENTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 3:49

Principal Place of Business

100 LAKEVIEW DRIVE
UNIT 307
WESTON FL 33326

Mailing Address

100 LAKEVIEW DRIVE
UNIT 307
WESTON FL 33326

2. Principal Place of Business

1223 S. FEDERAL Hwy
Suite, Apt. #, etc.

3. Mailing Address

1223 S. FEDERAL Hwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

Pompano Beach, FL
33062 USA

Pompano Beach, FL
33062 USA

4. FEI Number 65-0824808

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

DARLENE WAGNER / VP 9-13-00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME WAGNER, KENNETH R SR
STREET ADDRESS 100 LAKEVIEW DR, UNIT 307
CITY-ST-ZIP WESTON FL 33326

TITLE VD
NAME WAGNER, DARLENE C
STREET ADDRESS 100 LAKEVIEW DR, UNIT 307
CITY-ST-ZIP WESTON FL 33326

TITLE STD
NAME WAGNER, HELENE C
STREET ADDRESS 100 LAKEVIEW DR, UNIT 307
CITY-ST-ZIP WESTON FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003487456-4
-12/05/00--01051--011
*****550.00 *****550.00

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARLENE WAGNER
VICE PRES. 9-13-00 781-2017

Date

Daytime Phone #

CR2E034 (5/00)