2003 FOR PROFIT CORPORATION

FILED Mar 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P98000027057 **DOCUMENT #** 1. Entity Name 03-31-2003 90195 005 ***150.00 WAGNER'S 21ST CENTURY INVESTMENTS, INC. Mailing Address Principal Place of Business 1223 S. FEDERAL HIGHWAY 1223 S. FEDERAL HIGHWAY POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business ೩೩೩ 68 Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0824808 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERILAWYER Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F □ Delete TITI F ☐ Addition WAGNER, KENNETH R SR NAME NAME 168 HAMPTON PLACE STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WAGNER-BUTLER, DARLENE NAME NAME 624 S. RAINBOW DRIVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete_ TITLE ☐ Change Addition WAGNER, HELENE C NAME NAME **168 HAMPTON PLACE** STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITHE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

☐ Change

Addition