

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078027

1. Entity Name

WAGONER ADVANCED GROUP, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90194 039 ***150.00

Principal Place of Business

12515 KEDLESTONE CT E
JACKSONVILLE FL 32225

Mailing Address

12515 KEDLESTONE CT E
JACKSONVILLE FL 32225

2. Principal Place of Business

518 S. Mill View Way

3. Mailing Address

518 S. Mill View Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

Country

32082

St. Johns

Zip

Country

32082

St. Johns

4. FEI Number 59-3552921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGONER, LUCIA A
12515 KEDLESTONE CT E
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

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

518 S. Mill View Way

Ponte Vedra Beach

FL

Zip Code

32082

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

Lucia A. Wagoner

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

(NOTE: Registered Agent signature required when reinstating)

2/5/01

DATE

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WAGONER, LUCIA A	
STREET ADDRESS	12515 KEDLESTONE CT. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WAGONER, MICHAEL D	
STREET ADDRESS	12515 KEDLESTONE CT. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	518 S. Mill View Way	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	518 S. Mill View Way	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Lucia A. Wagoner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

904-280-3198

Daytime Phone #

CR2E034 (10/00)