2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000032101

1. Entity Name

LEE WAGNER ENTERPRISES, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90699 010 ***150.00

			OO WE TO	
Principal Place of Business 3641 CLARIDGE AVENUE HOMOSASSA FL 34448		Mailing Address 3641 CLARIDGE AVEI HOMOSASSA FL 344		1 183/1881 jir 181/2 184/1 48/1 88/1 88/1 48/1 48/1 48/1 48/
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Sta	te	City & State		4. FEI Number 59-3604183 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curre	est Posistered Asset		Fee Required
	A STATE OF THE STA	mit neglateleg Agent	Name	7. Name and Address of New Registered Agent
MIZIO, ARMANDO F				
•	.s. 19 North - Suite 210 /Ater FL 33763		Street Addres	ss (P.O. Box Number is Not Acceptable)
CLEARN	AIER FL 33/63			
			City	FL Zip Code stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	tions of registered agent. Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00	ent and title if applicable. (N	OTE: Registered Agent signature requ	ulred when reinstating) DATE
Afte	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	t of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE	P		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	Wagner, Donald L 3641 Claridge Avenue Homosassa Fl 34448	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete -	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ 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

SIGNATURE:

MUNEWagner BEDonald L. Wagner 01/08/2003

(727) 415-5480

Daytime Phone #