2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99389

1. Entity Name
WAGNER PAYMASTER CORP.

FILED
01 MAY 18 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
151 S COUNTY RD
PALM BEACH, FL 33480

Mailing Address
151 S COUNTY RD
PALM BEACH, FL 33480

2. Principal Place of Business		3. Mailing Address	
148 S. COUNTY RD		148 S. COUNTY RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PALM BEACH FL		City & State: PALM BEACH FL	
Zip: 33480	Country: PALM BEACH	Zip: 33480	Country: PALM BEACH

4. FEI Number 11-3092531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WAGNER, RICHARD
151 S. COUNTY RD.
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
Name: William G. WAGNER
Street Address (P.O. Box Number is Not Acceptable): 148 S. COUNTY RD
City: PALM BEACH FL Zip Code 33480

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] 5/10/01
Signature, typed or printed name of registered agent and title if applicable: WILLIAM G WAGNER, PRES (NOTE: Registered Agent signature required when reinstating) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WAGNER RICHARD 151 S, COUNTY RD PALM BEACH FL 33480 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WAGNER WILLIAM 148 S. COUNTY RD PALM BEACH, FL 33480 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ☒ Change ☐ Addition 100004430131 -06/19/01--01073--013 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] PRES 5/10/01 561 655-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WILLIAM G. WAGNER — Date — Daytime Phone #