

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90115 038 ***150.00

| | |
|---|---|
| DOCUMENT # <i>S99389</i> | / |
| 1. Entity Name WAGNER PAYMASTER CORP. | |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 148 SO. COUNTY RD. Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|--|--|

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| | | | |
|---|---------------------------------|------------------------------------|---|
| City & State PALM BEACH, FL | City & State | 4. FEI Number 11-3092531 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33480 | Country USA | Zip | Country |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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. 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)

DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | | | |
|-----------------------------------|-----------------------------|------------------------|--|
| TITLE | PRESIDENT | TITLE | |
| NAME | WILLIAM WAGNER | NAME | |
| STREET ADDRESS | 148 SO COUNTY RD | STREET ADDRESS | |
| CITY - ST - ZIP | PALM BEACH, FL 33480 | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X William Wagner* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03
Date

1-800-645-2444 x 111
Daytime Phone #