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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51022

1. Entity Name

E.C. (SCOTT) WRIGHT, P.A.

FILED Jan 29, 2000 8:00 am Secretary of State

01-29-2000 90110 022 ***150 00

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Principal Plac	e of Business	Mailing Address							
2285 W EAU GALLIE BLVD MELBOURNE FL 32935 US		2285 W EAU GALLIE BLYD MELBOURNE FL 32935-3184 US							
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS	SPACE	
City & State		City & State		4.	FEI Number	59-2934313	 }		pplied For اوز ځېښتان
Zip	Country	Zip	Country	5.	Certificate of	Status Desired		\$8.75 Ac	dditional
	6. Name and Address of Current F	l Registered Agent		7. 1	Name and A	idress of New R	egistered	•	
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WRIGHT, ERNEST C. 2285 W EAU GALLIE BLVD		Street Addres		ddress (P.O. B	s (P.O. Box Number is Not Acceptable)				
MELE	BOURNE FL 32935								
			City				FI	Zip Co	de
8. The above	named entity submits this statement for	the purpose of changing its	s registered office of	registered ag	ent, or both.	in the State of Flo	rida.	. 1	
01 1110 above	Tidings office substitution and opposition	are parpose of onlinging in		rogicio.cu ag	o, 2. 22,				
SIGNATURE .			-			<u></u>	DITE		
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	TE. Registered Agent signat	ure required when re	einstating)		DATE		
	oration is eligible to satisfy its intangible		'!!! FEE IS \$150.0	00	. 10 Electi	on Campaign Fin	aaaina	¢E (00 мау в
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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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/21/00

@ 321 723-199,

Daytime Phone #