

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90237 017 ***150.00

DOCUMENT # L93458

1. Entity Name
THE WRIGHT COMPANY

Principal Place of Business

Mailing Address

89 E. BLOUNT ST.
 PENSACOLA FL 32501
 US

PO BOX 1289
 GULF BREEZE FL 32562-1289
 US

0057584



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3024322**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, JERRY L
89 E. BLOUNT ST
PENSACOLA FL 32501

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
ST. <input type="checkbox"/> Delete	WRIGHT, KENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	505 BOXWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	CITY-ST-ZIP	
P <input type="checkbox"/> Delete	WRIGHT, JERRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	505 BOXWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	CITY-ST-ZIP	
V <input type="checkbox"/> Delete	KUCHERA, SCOTT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2125 WHITE PINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Jerry L Wright
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-07-00 850-434-6728
 Date Daytime Phone #

CR2E034 (9/99)