

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90025 017 ***550.00

DOCUMENT # P99000101178

1. Entity Name
REDMOND & WRIGHT BUILDING AND INTERIORS, INC.

Principal Place of Business
 10256 HARBOR INN PLACE
 CORAL SPRINGS FL 33065

Mailing Address
 10256 HARBOR INN PLACE
 CORAL SPRINGS FL 33065

AUU17634



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

65-096-3445

Applied For
 Not Applicable

Zip

Country

Zip

Country

33071

33071

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, DONALD R
10256 HARBOR INN PLACE
CORAL SPRINGS FL 33065

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **33071**

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	DONALD R	10256 HARBOR INN PLACE	CORAL SPRINGS FL 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	BRIAN REDMOND	3161 S.W. 22nd STREET	FORT LAUDERDALE FL. 33312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Donald Ray Wright **DONALD RAY WRIGHT** **SEPT. 9, 2000** **954-285-1962**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)