

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90023 008 \*\*\*150.00

00002044



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 406346**

1. Entity Name  
**WRIGHT PROPERTIES, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>340 ROYAL POINCIANA WAY<br/>         SUITE 320<br/>         PALM BEACH FL 33480<br/>         US</b> | Mailing Address<br><b>3516 WHITEHALL DR.. #306<br/>         APT 306<br/>         WEST PALM BEACH FL 33401<br/>         US</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>350 South County Road</b><br>Suite, Apt. #, etc.<br><b>Suite 211</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|  |                              |
|--|------------------------------|
| City & State<br><b>Palm Beach, Florida</b> | City & State                 |
| Zip<br><b>33480</b>                        | Country<br><b>Palm Beach</b> |

|  |  |
|--|--|
| 4. FEI Number<br><b>59-1410046</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**WRIGHT, FREDERICK JR  
 3516 WHITEHALL DR., #306  
 W PALM BCH FL 33401**

7. Name and Address of New 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD<br/>WRIGHT, FREDERICK JR.<br/>3516 WHITEHALL DR., APT 306<br/>WEST PALM BEACH FL 33401</b> | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <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: Frederick Wright, Jr. **Frederick Wright, Jr** 1-5-01 561-655-8144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)