

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90179 044 ***158.75

DOCUMENT # 178687

1. Entity Name

WRIGHT BROS. FURNITURE, INC.

Principal Place of Business

~~141 JOHN SIMS PARKWAY~~
~~VALPARAISO FL 32580~~

Address Change

Mailing Address

~~141 JOHN SIMS PARKWAY~~
~~VALPARAISO FL 32580~~

00025757

2. Principal Place of Business

328 Green Acres Dr

3. Mailing Address

328 Green Acres Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

De Funiak Springs, FL

City & State

De Funiak Springs, FL

Zip
32433

Country

Walton

Zip
32433

Country

Walton

4. FEI Number

59-0721116

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, ROGER P
141 JOHN SIMS PARKWAY
VALPARAISO FL 32580

7. Name and Address of New Registered Agent

Name **William Rock Wright**

Street Address (P.O. Box Number is Not Acceptable)

328 Green Acres Dr

City **De Funiak Springs FL** Zip Code **32433**

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]

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, 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

TITLE **P** ☒ Delete
 NAME **WRIGHT, ROGER P**
 STREET ADDRESS **141 JOHN SIMS PARKWAY**
 CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE **S** ☐ Delete
 NAME **MONTGOMERY, WAYNE**
 STREET ADDRESS **141 JOHN SIMS PKWY**
 CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **William Rock Wright**
 STREET ADDRESS **328 Green Acres Dr**
 CITY-ST-ZIP **De Funiak Springs, FL 32433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #