

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90064 040 \*\*\*150.00

DOCUMENT # 613691

1. Entity Name

Wright's Cattle Farm, Inc.

**DO NOT WRITE IN THIS SPACE**

402261

2. Principal Place of Business

3385 County Rd. 315

Suite, Apt. #, etc.

3. Mailing Address

3385 County Rd. 315

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Green Cove Springs, FL

Zip  
32043

Country  
USA

City & State

Green Cove Springs, FL

Zip  
32043

Country  
USA

4. FEI Number

59-1791365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Evelyn T. Wright

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

3385 County Road 315

City

Green Cove Springs

FL

Zip Code

32043

**DO NOT WRITE  
IN THIS SPACE**

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

Evelyn T. Wright Pres. owner

1-21-02

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)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Evelyn T. Wright  
3385 County Road 315  
Green Cove Springs, FL 32043

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn T. Wright Evelyn T. Wright (Pres) 1-21-02 904-2843378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)