## 2003 FOR PROFIT CORPORATION

## Mar 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # F02000002629 1. Entity Name 03-03-2003 90503 031 \*\*\*150.00 ROBERT G. WRIGHT, INC. Principal Place of Business Mailing Address 9 LAZY EIGHT DRIVE 9 LAZY EIGHT DRIVE DAYTONA BEACH FL 32124-6715 DAYTONA BEACH FL 32124-6715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 11-3072828 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent wright. Robert G Street Address (P.O. Box Number is Not Acceptable) 9 LAZY EIGHT DRIVE DAYTONA BEACH FL 32124-6715 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will the \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 🖑 ☐ Delete TITLE ☐ Addition Change NAME wright. Robert G 🖟 NAME STREET ADDRESS **B LAZY EIGHT DRIVE:** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32124-6715 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition

this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver or tra

CITY-ST-7IP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED