

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F22045

1. Entity Name

BOB WRIGHT, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90094 037 \*\*\*150.00

0624457

Principal Place of Business

717 FORTUNA DR  
PO BOX 1540 33509  
BRANDON FL 33511

Mailing Address

717 FORTUNA DR  
PO BOX 1540 33509  
BRANDON FL 33511

605214



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PO BOX 1510

Suite, Apt. #, etc.

PO BOX 1510

City & State

BRANDON FL

City & State

BRANDON FL

4. FEI Number

59-2063589

Applied For

Not Applicable

Zip

33509

Country

HILLSBOROUGH

Zip

33509

Country

HILLSBOROUGH

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

Name

WRIGHT, ROBERT E  
717 FORTUNA DR.  
BRANDON FL 33511

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

*Robert E. Wright* ROBERT E. WRIGHT

1-2-01

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	P	<input type="checkbox"/> Delete
NAME	WRIGHT, ROBERT E	
STREET ADDRESS	717 FORTUNA DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WRIGHT, W. BERNICE	
STREET ADDRESS	717 FORTUNA DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Robert E. Wright* ROBERT E. WRIGHT

1-2-01

Date

8136893502

Daytime Phone #

CR2E034 (10/00)