2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F22045

1. Entity Name

BOB WRIGHT, INC.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90143 028 ***150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADD					/
Suite, Apt. #, 616 City & State Country Country Country S. Contributed of Status Desired September 1 Not Appricable Pee Regularized Agent Nagyres Na	P O BOX 1	510	P O BOX 1510		THE CHARGE HAT THE REAL AND A DEAL BOTH BUT A LITTLE WHEN BOTH A REAL BOTH AND A REAL BOTH AND A LITTLE WAS A
City & State Ci	2. Principal	Place of Business	3. Mailing Address		
City & State Ci	Suite, Apr	t. #, etc.	Suite, Apt. #, etc.	-	
App Country Zip Country S. Certificate of Status Desired S8.75 Additional S8.	City Is Const			<u> </u>	
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Negree			City & State		59-2063589
S. Name and Address of Current Registered Agent WRIGHT, ROBERT E 717 FORTUNA DR. BRANDON FL 33511 City FL ZP 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obliga	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
WRIGHT, ROBERT E 717 FORTUNA DR. BRANDON FL 33511 City FL Zip Code City FL Zip Cod		6. Name and Address of Curre	nt Registered Agent		
Street Address (P.D. Box Number is Not Acceptable) City FL Zip Code	MOICHT	DODENT E		Name==	
6. 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, hyper or provided name of ingistered agent. (NOTE. Registered Agent agriculture required when remeasing) DATE				Street Address	ss (P.O. Box Number is Not Acceptable)
B. 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. File Now!! Fee Is \$150.00	BRANDO	ON FL 33511			
SIGNATURE Signature, typic or printed name of registered agent and size if applicable. (NOTE Registered Agent sephature required when interasing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAME STREET ADDRESS DITY-ST-ZPP WRIGHT, W. BERNICE 171 FORTUNA OR. BRANDON FL SIREET ADDRESS DITY-ST-ZPP WRIGHT, W. BERNICE 171 FORTUNA OR. BRANDON FL SIREET ADDRESS DITY-ST-ZPP TITLE MAME SIRET ADDRESS DITY-ST-ZPP TITLE MAME SIRET ADDRESS DITY-ST-ZPP	SIGNATURE				
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS			nt and title if applicable. (NOT	TE: Registered Agent signature requin	ired when reinstating) DATE
10. OFFICERS AND DIRECTORS ITILE MAME STREET ADDRESS CITY-ST-ZIP TILE MAME STREET ADDRESS CITY-ST-ZIP	Afte	r May 1, 2003 Fee will be \$550.00	of State		
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GIT-ST-ZEF	ITLE IAME TREET ADDRESS	.1	☐ Delete	NAME	☐ Change ☐ Addition
	ITY-ST-ZIP 2. I hereby c	ertify that the information supplied with	this filing does not avail for		Delice 110 07(0V) F

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

8136893501