

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F79388**

1. Entity Name **GEORGE W. WRIGHT JR., P.A.**
GEORGE WALKER WRIGHT, JR. P.A.
Miami Fla 66 West Flagler St.
33130 Mailing Address

FILED
Apr 20, 2000 8:00 am
Secretary of State
 04-20-2000 90082 006 ***150.00

836537

2. Principal Place of Business **Miami, Fla. 33130**
 Suite, Apt. #, etc. **66 West Flagler St. 700**
 City & State **Miami, Fla 33130**
 Zip **33130** Country **MIAMI-DADE**

3. Mailing Address **66 WEST FLAGLER ST.**
 Suite, Apt. #, etc. **700**
 City & State **MIAMI, FLA.**
 Zip **33130** Country **MIAMI-DADE**

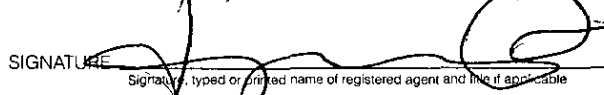
DO NOT WRITE IN THIS SPACE

4. FEI Number **59218410**
59-218410
 Applied For ☐
 Not Applicable ☒
 Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GEORGE W. WRIGHT JR.
66 WEST FLAGLER ST.
SUITE 700
MIAMI, FLA. 33130

7. Name and Address of New Registered Agent
 Name
 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  (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 **PRESIDENT** ☐ Delete
 NAME **GEORGE W. WRIGHT JR. P.A.**
 STREET ADDRESS **66 WEST FLAGLER ST.**
 CITY-ST-ZIP **MIAMI, FLA. 33130**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ 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.

NATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/12/00 Date 305-3797811 Daytime Phone #

CR2E034 (9/99)