## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like emp

SIGNATURE:

## FILED DOCUMENT # F9700001450 Jan 28, 2000 8:00 am 5. **Secretary of State** WRIGHT BROTHERS BUILDERS, INC. 01-28-2000 90199 037 \*\*\*150.00 Principal Place of Business Mailing Address 325 POST ROAD W 325 POST ROAD W WESTPORT CT 06880-4701 WESTPORT CT 06880 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 06-1148995 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WRIGHT, THOMAS D ESQ Street Address (P.O. Box Number is Not Acceptable) 5701 OVERSEAS HWY #17 MARATHON FL 33050 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 DATE 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition Delete TITLE TITLE NAME NAME WRIGHT, KELLY M STREET ADDRESS 325 Post Road West STREET ADDRESS 8 CLIFFORD LN CITY-ST-ZIP CITY-ST-ZIP Westport, CT 06880 WESTPORT CT 06880 Change ☐ Addition Delete TITLE TITLE DΛ WRIGHT, CHRISTOPHER B NAME STREET ADDRESS STREET ADDRESS 4 SPAR RD CITY-ST-ZIP CITY-ST-ZIP NORWALK CT 06853 ☐ Change N Delete Addition 🔂 TITLE DST Margaret M. Karasz NAME NAME Kerr, Karen 35 Bernadine Road STREET ADDRESS STREET ADDRESS 274 FLAXHILL ROAD CITY-ST-ZIP Milford, CT 06460 CITY-ST-ZIP NORWALK CT 06854 Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITL F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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