LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026546

1. Entity Name

W.P. & M.J. WRIGHT FAMILY, L.L.C.

DO NOT WRITE IN THIS SPACE

FILED

03 NOV 12 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

S03266900293

09/19/03 90064 032 $50.00

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2. Principal Place of Business		3. Mailing Address	
8643 RIVER ROAD		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CALLAHAN, FLA.		City & State: SAME	
Zip: 32011	Country: U.S.A.	Zip: SAME	Country: SAME

4. FEI Number 52-2413536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: BLACKBURN & CO. L.C.

Street Address (P.O. Box Number is Not Acceptable)

5150 BELFORT RD. SO. BLDG. 500

City: JACKSONVILLE FL Zip Code: 32256

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: Dennis E. Blackburn, MGR / MEMBER 11/11/03
Signature, typed or printed name of registered agent and title if applicable. DATE

DENNIS E. BLACKBURN

[illegible]
[illegible]
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	William P. Wright, Sr., Mgr. Member 8643 River Rd. Callahan, Fl. 32011
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mattie Jean Wright, Mgr. Member 8643 River Rd. Callahan, Fl. 32011
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CR2E063E (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dennis E. Blackburn AUTHORIZED REPRESENTATIVE 11/10/03 904-296-7713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #