

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002957

1. Entity Name

WRIGHT CONCEPTS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 9:09

Principal Place of Business

3823 TAMiami TRAIL EAST. ~~3823 TAMiami TRAIL EAST.~~
NAPLES FL 34112

Mailing Address

3823 TAMiami TRAIL EAST. ~~3823 TAMiami TRAIL EAST.~~
NAPLES FL 34112-6224



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

59-3580264

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME WRIGHT, RICHARD A
STREET ADDRESS 6155 THRESHOLD DRIVE
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☐ Addition
NAME 500003174843
STREET ADDRESS -03/17/00-01093-003
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME WRIGHT, TIMOTHY A
STREET ADDRESS 168 CARLISLE AVENUE NW
CITY-ST-ZIP PORT CHARLOTTE FL 34412 33952

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 2/31/15/00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)