

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002957

1. Entity Name
WRIGHT CONCEPTS, LLC

Principal Place of Business
3823 TAMiami TRAIL EAST, SUITE 556
NAPLES FL 34112

Mailing Address
3823 TAMiami TRAIL EAST, SUITE 556
NAPLES FL 34112

FILED

01 FEB 14 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3580264

Applied For
Not Applicable

Zip

Country

Zip

Country

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 _____ (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 NAME MGRM WRIGHT, RICHARD A ☐ Delete
STREET ADDRESS 6155 THRESHER DRIVE
CITY-ST-ZIP NAPLES FL 34112

TITLE NAME 100003743841 ☐ Change ☐ Addition
STREET ADDRESS -02/20/01--01097--003
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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: 2/10/2001 941-320-5893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

002105 AF

CR2E083 (11/00)