

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90355 009 \*\*\*\*50.00

**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**

909892



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8490 W. HILLSBOROUGH AVE**

3. Mailing Address  
**8490 W. HILLSBOROUGH AVE**

Suite, Apt. #, etc.  
**SUITE 304**

Suite, Apt. #, etc.  
**SUITE 304**

City & State  
**TAMPA, FLORIDA**

City & State  
**TAMPA, FLORIDA**

Zip  
**34112**

Country  
**USA**

Zip  
**34112**

Country  
**USA**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**JANUARY 17, 2002**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WRIGHT, RICHARD A  
8201 SOLANO BAY LOOP #213  
TAMPA, FL 33635** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WRIGHT, PAMELA R.  
8201 SOLANO BAY LOOP #213  
TAMPA, FL 33635** ☐ Change ☒ Addition

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/2002 813-891-6056

Date Daytime Phone #

CR2E083 (9/01)