

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

4. FEI Number **59-3580264**

Applied For
 Not Applicable

Zip
34112

Country
USA

Zip
34112

Country
USA

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

DATE **JANUARY 17, 2002**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Delete
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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:

1/17/2002 813-891-6056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (9/01)