2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 23, 2002 8:00 am Secretary of State M26652 DOCUMENT # 1. Entity Name 05-23-2002 90029 003 ***150.00 GLENN WRIGHT CONSTRUCTION, INC. Principal Place of Business Mailing Address 101 S.E. 21ST STREET 101 S.E. 21ST 112 ROSE DRIVE 112 ROSE DRIVE FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2222096 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, GLENN JR Street Address (P.O. Box Number is Not Acceptable) 101 S.E. 21ST STREET FT. LAUDERDALE FL 33316 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE NAME WRIGHT, GLENN JR. NAME STREET ADDRESS STREET ADDRESS 101 S.E. 21ST STREET CITY-ST-ZIP ft. Lauderdale fl CITY-ST-ZIP DIVP ☐ Delete TITLE Addition NAME NAME WRIGHT, PATRICIA STREET ADDRESS STREET ADDRESS 101 S.E. 21ST STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE Change TITLE ☐ Delete Addition NAME NAME STREET ÄDDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the infor ation supplied with this thing 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the leceiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED