

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90242 024 ***150.00

DOCUMENT # P00000007735

1. Entity Name
KRIS WRIGHTSON, INC.

Principal Place of Business Mailing Address
3864 QUAILS WALK 3864 QUAILS WALK
BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134

2. Principal Place of Business 3. Mailing Address
11140 Tangelo Terrace 11140 Tangelo Terrace
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country
Bonita Spgs FL 34135 Bonita Spgs FL 34135
USA USA

4. FEI Number **59-3621334** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHTSON, KRIS M		NAME	KRIS M Wrightson	
STREET ADDRESS	3864 QUAILS WALK		STREET ADDRESS	11140 Tangelo Terrace	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	Bonita Spgs FL 34135	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHTSON, GWENDOLYNN L		NAME	Gwendolynn Wrightson	
STREET ADDRESS	3864 QUAILS WALK		STREET ADDRESS	11140 Tangelo Terrace	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	Bonita Spgs FL 34135	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFBLOOM, SREN		NAME	SVEN Lofbloom	
STREET ADDRESS	3875 QUAILS WALK		STREET ADDRESS	2791 Hacienda Blvd East Apt 222C	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	Bonita Spgs, FL 34135	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gwendolynn Wrightson 1-9-02 9414308139
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)