

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042172

1. Entity Name

WRIGHT FINANCIAL SERVICES, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90064 020 ***150.00

Principal Place of Business

4464 DECATUR STREET
MARIANNA FL 32446

Mailing Address

4464 DECATUR STREET
MARIANNA FL 32446

2. Principal Place of Business

4466 Decatur St

Suite, Apt. #, etc.

3. Mailing Address

4466 Decatur St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marianna, FL

City & State

Marianna, FL

Zip

32446

Country

USA

Zip

32446

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, TINA
4464 DECATUR STREET
MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4466 Decatur St.

City

Marianna

FL

Zip Code

32446

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

Tina Wright

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

(NOTE: Registered Agent signature required when reinstating)

04-01-01

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, 2001 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

TITLE D ☐ Delete
NAME WRIGHT, TINA
STREET ADDRESS 4464 DECATUR STREET
CITY-ST-ZIP MARIANNA FL 32446

TITLE D ☐ Delete
NAME WRIGHT, WILLIAM L
STREET ADDRESS 4464 DECATUR STREET
CITY-ST-ZIP MARIANNA FL 32446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4466 Decatur St.
CITY-ST-ZIP Marianna, FL 32446

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4466 Decatur St.
CITY-ST-ZIP Marianna, FL 32446

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Tina Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-01

Date

Daytime Phone #

850
482-7670

CR2E034 (10/00)