


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
03 MAY -6 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000008915					
1. Entity Name Wright Trend Properties, Inc					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 245 Bayou Woods Dr <small>Suite, Apt. #, etc.</small>			3. Mailing Address 245 Bayou Woods Drive <small>Suite, Apt. #, etc.</small>		
City & State Ft. Walton Beach FL		City & State Ft. Walton Beach, FL		4. FEI Number 59-3694083	
Zip 32547		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent					
Name Max W Wright					
Street Address (P.O. Box Number is Not Acceptable) 245 Bayou Woods Drive NW					
City Port Walton Bch					
State FL					
Zip Code 32548					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
<div style="display: flex; justify-content: space-between;"> <div> January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	PST				500018301115
	Max Wright				05/06/03--01085--005 **150.00
	245 Bayou Woods Drive				
	Ft Walton Beach, FL 32548				
DO NOT WRITE IN THIS SPACE					
12. 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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: Max W. Wright 7/30/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

C97024R (12/02)