

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91460 040 \*\*\*150.00

DOCUMENT # **901000019732**

1. Entity Name

**The Wright Way Consulting Services Inc.**

**643961**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3610 2nd Ave NE**

3. Mailing Address

**3610 2nd Ave NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Naples, FL**

City & State

**Naples, FL**

4. FEI Number

**59-3708059**

Applied For

Not Applicable

Zip

**34120**

Country

**USA**

Zip

**34120**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Lynn Carter**

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

**3580 Goldengate Blvd East**

City

**Naples**

**FL**

Zip Code

**34120**

**DO NOT WRITE  
IN THIS SPACE**

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)

☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME

STREET ADDRESS

CITY - ST - ZIP

**President  
Troy Wright  
3610 2nd Ave NE  
Naples, FL 34120**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/02**

Date

**(352) 352-1785**

Daytime Phone #

CR2E034B (12/01)