

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

01-16-2003 90118 006 ***150.00

DOCUMENT # P02000005986

1. Entity Name
WRIGHT'S PROSTHETIC LABORATORY, INC.



Principal Place of Business
**858 WEST PLYMOUTH AVENUE
DELAND FL 32720**

Mailing Address
**858 WEST PLYMOUTH AVENUE
DELAND FL 32720**

0001100



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0032252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, WILLIAM P
2160 HIDDEN LAKE DRIVE
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **William P. Wright**

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

858-W. Plymouth AVE.

City **DeLand**

FL

Zip Code **32720**

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 **William P. Wright** **William P. Wright President 1/14/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **WRIGHT, WILLIAM P**
STREET ADDRESS **2160 HIDDEN LAKE DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

☐ Delete

TITLE **Change**
NAME **William P. Wright**
STREET ADDRESS **858-W. Plymouth AVE.**
CITY-ST-ZIP **DeLand FL, 32720**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William P. Wright**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

386-736-7314

CR2E034 (10/02)