2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000014519

1. Entity Name WRIGHTWAY HOMES CORPO			
Principal Place of Business 1137 STONEBROOKE LN. LAKELAND FL 33803	Mailing Address PO BOX 3612 LAKELAND FL 33802-3612		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90089 002 ***158.75

Principal Place of Business Mailing Address 1137 STONEBROOKE LN. PO BOX 3612 LAKELAND FL 33803 LAKELAND FL 33802-3612			T TO BALLE BALLALI DE BALLA BERNAL BENAL BENAL BENAL BALLALI MANA BARBAL BALLALI BALLALI BALLALI BALLALI BALLA						
2. Principal Place of Business		3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FE	80-0037573		Applied For]	
Zip	Country	Zip.	Country		5. Ce	ertificate of Status Desired	\$8.75 Fee Re	Not Applicable Additional	$\frac{1}{1}$
	6. Name and Address of Current	Registered Agent	1		7. Na	me and Address of New Reg			┨
SMITH, I	EDWARD B		~	Name	. ي. 🕶 ي.	<u>. </u>			
1137 ST	ONEBROOKE LN.		[]	Street Address	(P.O. Box	Number is Not Acceptable)			l
LAKELAN	ND FL 33803					-		 -	┨
	3 . 2 0000		Ĺ						
	•		'	City			FL Zip	Code	1
8. The above	e named entity submits this statement for	r the purpose of changing it	s registered	office or registe	ered agen	t or both in the State of Florid		with and accept	1
the obliga	tions of registered agent.		-9		aroa agon	t, or both, in the olitic of Hone	ia. Tantianilla	with, and accept	
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Ag	ent signature require	ed when reinst	latino)	DATE		
Áfte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		194- <u>1-1</u>		Election Campaign Finan Trust Fund Contribution.		55.00 May Be	
10.	OFFICERS AND I		11.		ADDI	TIONS ICH ANOTO TO OFFICE			
TITLE	PT	☐ Delete	TITLE		AUUI	TIONS/CHANGES TO OFFICE			6
NAME .	SMITH, EDWARD B	□ Delete	NAME				☐ Cha	nge 🗌 Addition	١
STREET ADDRESS	1137 STONEBROOKE LN.		STREET A	DORESS					Ì
CITY-ST-ZIP	LAKELAND FL 33803		CITY-ST-	ZIP					760
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NAME	SMITH, JOYCE M	20000	NAME	İ			☐ Chai	nge 🗌 Addition	٦
STREET ADORESS	1137 STONEBROOKE LN.		STREET AL	DORESS					
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NAME			NAME				□ Ollai	ige L. Addition	
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NAME STREET ADDRESS		•	NAME					1	
CITY-ST-ZIP			STREET AD	l l				1	
			CITY-ST-Z	IP					
TITLE NAME		☐ Delete	TITLE				☐ Chan	ge 🗀 Addition	^
STREET ADDRESS			NAME					}	
CITY-ST-ZIP			STREET AD						
	ertify that the information supplied with the	his filing does not muck. (CITY-ST-Z		,			_	

12 indicated on this report or 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

SIGNATURE: