

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-22-2001 90057 025 ***158.75

DOCUMENT # P94000014831

1. Entity Name

Wright-Duncan, Inc

Principal Place of Business

Mailing Address

2685 NE 37th Pl Rd
 Ocala, FL 34479

2. Principal Place of Business

2685 NE 37th Pl Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

4. FEI Number

593230470

Applied For

Not Applicable

Zip

34479

Country

USA

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Wright-Duncan, Sharon L.
 2685 NE 37th Pl Rd
 Ocala, FL 34479

Name

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

City

FL

Zip Code

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

Sharon Wright-Duncan

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

(NOTE: Registered Agent signature required when replacing)

4/27/01

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE RETURN: FEB 15 \$150.00
 After MAY 1, 2001 Fee will be \$500.00
 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-STATE-ZIP
 Robert Duncan
 2685 NE 37th Pl Rd
 Ocala FL 34479 ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
 Sharon Duncan
 2685 NE 37th Pl Rd
 Ocala, FL 34479 ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Sharon Wright-Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/01

DATE

Daytime Phone #

CP20034 (11/00)