2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000037176**

ALL-RIGHT REALTY, INC.

Principal Place of Business 147 E BROAD ST ELAND FL 34736

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

WRIGHT, OTTO

1107 MAGNOLIA AVE CLERMONT, FL 34711 Mailing Address

147 E. BROAD STREET **GROVELAND FL 34736-2501**

3. Mailing Address

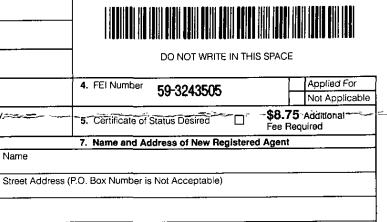
City & State

Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

FILED Jan 12, 2000 8:00 am Secretary of State

01-12-2000 90109 033 ***150.00



| | | | City | | | FL | Zip Code | 9 | |
|--|---|--|---|--|------------------------------------|--------------------------------|-----------|------------|----------------|
| 8. The above | named entity submits this statement for the | e purpose of changing its re | gistered office or re | egistered age | nt, or both, in the State of Flori | da. | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and to | tle if applicable. (NOTE: R | legistered Agent signature | required when rein | nstating) | , DATE | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | | 10. Election Campaign Fina Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | | | |
| 11. | OFFICERS AND DIR | ECTORS | 12. | ADE | DITIONS/CHANGES TO OFFIC | ERS AND D | IRECTORS | 3 IN 11 |]_ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD WRIGHT, OTTO 1107 MAGNOLIA AVE. CLERMONT FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | E | Change | Addition | CR2E034 (9/99) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS "~GITY+ST+ZIP | | | [| ☐ Change | Addition | 5 |
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Name

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.