

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90850 015 ***150.00

DOCUMENT # P94000089958

1. Entity Name
WRIGHT CUSTOM HOMES, INC.

Principal Place of Business

1849 CARILLON PARK DR
OVIEDO FL 32765
US

Mailing Address

1849 CARILLON PARK DR
OVIEDO FL 32765
US

2. Principal Place of Business

1795 BOBTAIL DRIVE

3. Mailing Address

Suite, Apt. #, etc.
1795 BOBTAIL DRIVE

Suite, Apt. #, etc.

MAITLAND, FL

City & State

MAITLAND, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

4. FEI Number

59-3283132

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, KENNETH L
1849 CARILLON PARK DR
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

KENNETH L. WRIGHT

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

1795 BOBTAIL DRIVE

City

MAITLAND

FL

Zip Code

32751

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

KENNETH L. WRIGHT

040902

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)

☒

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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	PTD	<input type="checkbox"/> Delete
NAME	WRIGHT, KENNETH L.	
STREET ADDRESS	1849 CARILLON PARK DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WRIGHT, JULIE S	
STREET ADDRESS	1849 CARILLON PARK DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, KENNETH L.	
STREET ADDRESS	1795 BOBTAIL DRIVE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JULIE S.	
STREET ADDRESS	1795 BOBTAIL DRIVE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-02

Date

479473677

Daytime Phone #

CFR2E034 (9/01)