

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000091197**1. Entity Name
WRIGHT RESOURCES, INC.**Principal Place of Business**

3649 LAKE JOYCE DR

LAND O LAKES

34639

FL

US

Mailing Address

3649 LAKE JOYCE DR

LAND O LAKES

34639

FL

US

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**59-3289548**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**WRIGHT LESLIE J**
5406 PERSHING PLACE**TAMPA****33603**

US

FL

7. Name and Address of New Registered Agent

Name

WRIGHT LESLIE J

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

3649 LAKE JOYCE DRIVE

City

LAND O LAKES**FL**

Zip Code

34639**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

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

(NOTE: Registered Agent signature required when reinstating)

01/02/2001

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	☐ Delete
NAME	WRIGHT LESLIE J	
STREET ADDRESS	5813 ERHARDT DR	
CITY-ST-ZIP	BRANDON FL 33569	

TITLE	P	☒ Change	☐ Addition
NAME	WRIGHT LESLIE J		
STREET ADDRESS	3649 LAKE JOYCE DRIVE		
CITY-ST-ZIP	LAND O LAKES FL 34639		

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	☐ Delete
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TITLE	☐ Change	☐ Addition
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CITY-ST-ZIP	

TITLE	☐ Change	☐ 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: Leslie J. Wright**

P

01/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)