2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED Feb 21, 2000 8:00 am DOCUMENT # **P95000018909** 1. Entity Name Secretary of State THE WRIGHT WAY MANAGEMENT INC. 02-21-2000 90006 022 ***150.00 Principal Place of Business Mailing Address 6710 ELLENTON GILLETTE RD 6710 ELLENTON GILLETTE RD SUITE 29 SUITE 29 PALMETTO FL 34221-8602 PALMETTO FL 34221 US Uŝ 2. Principal Place of Business 3. Mailing Address 710 Ellant Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For & State State 4. FEI Number 59-3297498 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WRIGHT, EDNA C 11065 BRISTOL BAY DRIVE **BRADENTON FL 34209** 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 red agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Wright, Edna C. Schange Addition 175 Ellanton - Gillette Rd. 175 TITLE TITLE Delete WRIGHT, EDNA C NAME NAME 11065 BRISTOL BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-7iP DST TITLE Delete TITLE MCKENNY, KANDICE K NAME NAME 237 41ST AVE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33706 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

2-10-00 84