

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096231

1. Entity Name
WRIGHTWAY BUILDERS, INC.

Principal Place of Business

24149 ADAIR AVE
SORRENTO FL 32776
US

Mailing Address

24149 ADAIR AVE
SORRENTO FL 32776
US

2. Principal Place of Business

P.O. Box 497
Suite, Apt. #, etc. N/A
City & State Sorrento, FL.

3. Mailing Address

P.O. Box 497
Suite, Apt. #, etc. N/A
City & State Sorrento, FL.

Zip 32776 Country U.S.A.

Zip 32776 Country U.S.A.

FILED
Sep 19, 2001 8:00 am
Secretary of State
09-19-2001 90161 029 ***558.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3349751

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, WARREN M
24149 ADAIR AVE
SORRENTO FL 32776

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME WRIGHT, WARREN
STREET ADDRESS 24149 ADAIR AVE
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

TITLE VP
NAME WRIGHT, ETHAN
STREET ADDRESS PO BOX 262
CITY-ST-ZIP EVERGLADES CITY FL 34139 ☐ Delete

TITLE ST.
NAME STENSTROM, ROBIN M
STREET ADDRESS 24149 ADAIR AVE
CITY-ST-ZIP SORRENTO FL 32776 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP
NAME WRIGHT, ETHAN
STREET ADDRESS P.O. Box 497
CITY-ST-ZIP Sorrento, FL. 32776 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-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)(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: Warren M. Wright WARREN M. WRIGHT 09-10-01 571-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

018772 AT

CR02E034 (5/01)