

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000032049**

1. Entity Name

WRIGHT + ASSOCIATES OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

106 BAYSHORE DRIVE

Suite, Apt. #, etc.

C/O LARRY WRIGHT

City & State

NICEVILLE, FL

32578

Country

3. Mailing Address

106 BAYSHORE DRIVE

Suite, Apt. #, etc.

C/O LARRY WRIGHT

City & State

NICEVILLE, FL

32578

Country

4. FBI Number

593349460

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, LARRY
106 BAYSHORE DRIVE
NICEVILLE, FL 32578**

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 \$150.00

After MAY 1, 2000 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 **P** ☐ Delete
NAME **WRIGHT, LARRY**
STREET ADDRESS **106 BAYSHORE DRIVE**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700003496867--U
-12/12/00--01041--017
*****158.75 ***158.75**

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

TITLE ☐ Change ☐ Addition
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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

11/27/2000

Date

(850) 678-9131

Daytime Phone #

CR2E034 (9/99)

WRIGHT & ASSOCIATES OF N.W. FLORIDA INC.
106 BAYSHORE DRIVE
NICEVILLE, FLORIDA 32578
850/678-9131 FAX: 850/678-9272

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32049

December 5, 2000

Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Evidently, there has been some confusion regarding payment for Wright and Associates. I have researched my records, and the check I wrote for payment never cleared my bank. Therefore, I will stop payment against that check and issue another to have Wright and Associates of N.W. Florida Inc. reinstated as a corporation. I would appreciate confirmation that this corporation has been reinstated. I understand payment must be made immediately, and I have enclosed a check to cover the amount due.

Thank you for your cooperation.

Sincerely,



Larry Wright
President
Wright & Associates of N.W Florida Inc.

LW/eb

*Mailed
form & check
prior to the
deadline
& would like
late fees to
be waived.*