2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067843

1. Entity Name

J.A. WRIGHT & ASSOCIATES, INC.

FILED May 26, 2000 8:00 am Secretary of State 05-26-2000 90096 031 ***150.00

e of Business	3	Mailing Address								
W SAMPLE RD SUITE 205 CORAL SPRINGS FL 33065 JS		P.O. BOX 770385 CORAL SPRINGS FL 33077-0385 US								an 101 1 24 1
2. Principal Place of Business		3. Mailing Address								
#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
	7 0 1	City & State			4 FFi Number Applied For					
•				_	11 12 110	65	-0699568	} 	No	t Applicable
Zip Country		Zip	Zip Country		5. Certific	ate of Statu	s Desired			
6. Name	and Address of Current F	Registered Agent			7. Name	and Addres	s of New R	egistered A	gent	
WRIGHT, J.A., 1997 And 1998 An					P.O. Box Nu	mber is Not	Acceptable) 		
205					اربه	507			Zim On at	
12 01 11110				City				FL_	Zip Code	
named entity	y submits this statement for	the purpose of changing	its registered	office or register	ed agent, or	r both, in the	State of Flo	rida.		
Signature, typed	or printed name of registered agent a	nd title if applicable. (N	OTE: Registered /	Agent signature required	when reinstating	3)		DATE		
_		After MAY 1,	2000,Fee w	ill be \$550.00					\$5.0 Added	May Be to Fees
	OFFICERS AND I	DIRECTORS	12.		ADDITIO	NS/CHANG	ES TO OFF	ICERS AND	DIRECTORS	
9600 W S	AMPLE RD, #205	☐ Delete		ŀ					Change,	☐ Addition
D Burk, Ka 9600 W S	THLEEN A AMPLE RD, #205	Delete	TITLE NAME STREET	ADDRESS					☐ Change	☐ Addition
	j - 17 2	☐ Delete					_		☐ Change	Addition
-		☐ Delete			·;-				☐ Change	☐ Addition
		☐ Delete				. % %_ 3%_ >			Change	Addition
		☐ Delete	TITLE NAME STREET	ADDRESS		<u> </u>		٠.	☐ Change	Addition
	6. Name 6. Name 6. Name 7. J.A., W SAMPLE 205 L SPRING: named entity signature, typed ration is elig equirement a ia on back) PTD WRIGHT, 9600 W S CORAL SI D BURK, KA 9600 W S CORAL SI	Country 6. Name and Address of Current F HT, J.A. W SAMPLE RD 205 L SPRINGS FL 33065 named entity submits this statement for signature, typed or printed name of registered agent a ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND I PTD WRIGHT, JAMES A 9600 W SAMPLE RD, #205 CORAL SPRINGS FL 33065	RD P.O. BOX 770385 CORAL SPRINGS FL 330 S FL 33065 ace of Business #, etc. Country City & State Country Zip 6. Name and Address of Current Registered Agent HT, J.A., W SAMPLE RD 205 LL SPRINGS FL 33065 named entity submits this statement for the purpose of changing Signature, typed or printed name of registered agent and sitle if applicable. Tration is eligible to satisfy its Intangible equirement and elects to do so. After MAY 1; Make Check Pay OFFICERS AND DIRECTORS PTD WRIGHT, JAMES A 9600 W SAMPLE RD, #205 CORAL SPRINGS FL 33065 D BURK, KATHLEEN A 9600 W SAMPLE RD, #205 CORAL SPRINGS FL 33065 D Delete Delete Delete	RD P.O. BOX 770385 CORAL SPRINGS FL 33077-0385 US ace of Business	RD P.O. BOX 770385 CORAL SPRINGS FL 330077-0385 S FL 33005 3. Mailing Address Suite, Apt. #, etc. Country City & State Country Amne HT, J.A. Street Address (City City	RID P.O. BOX 770385 CCRAL SPRINGS FL 33077-0385 US 3. Mailing Address 4. FEI Nu Country Zip Country 5. Certific 6. Name and Address of Current Registered Agent 7. Name Name VBW Street Address (PO. Box Nu WS AMPLE RD 205 LL SPRINGS FL 33065 City Country Signature required name of registered agent and tale if applicable. (NOTE Registered Agent signature required when renotating and back) FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIC PTD WRIGHT, JAMES A 9800 W SAMPLE RD, #205 CORAL SPRINGS FL 33065 Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP Delete Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP Delete NAME SIRRET ADDRESS CITY-ST-ZIP NAME SIRRET ADDRESS CITY-ST-ZIP Delete NAME SIRRET ADDRESS CITY-ST-ZIP NAME SIRRET ADDRESS CITY-ST-ZIP	BD P.O. BOX 770885 CORAL SPRINGS FL 33077-0385 US 3. Mailing Address W Suite, Apt. #. etc. Country City & State Country 5. Certificate of Statu Name Street Address (P.O. Box Number is Not Street Address (P.O. Box Number is Not City City City City City City City City FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Delde TITLE NAME 9600 W SAMPLE RD, #205 CORAL SPRINGS FL 33065 Delde TITLE NAME STREET ADDRESS CITY ST-ZP Delde TITLE NAME	RD P.O. BOX 770385 CORAL SPRINGS FL 3007-0985 IN 305 S FL 3005 3. Mailing Address Buile, Apt. #, etc. Country City & State Country City & State Country S. Certificate of Status Desired A. FEI Number 65-0699588 6. Name and Address of Current Registered Agent Name Name HT. J.A. Street Address (P.O. Box Number is Not Acceptable Street Address (P.O. Box Number is Not Acceptable L SPRINGS FL 33065 City Springer or present name of registered agent and tale if approach. ROTE Negament Agent (gratual registered when remitteding) FILE NOW! FILE IS \$150.00 ARE Check Payable to Department of State OFFICERS AND DIRECTORS Desire The Springs FL 33065 Desire The Springs FL 33065 Desire Desire The Springs FL 33065 Desire The Springs	Fig. 3005 Sp. 1, 2005 Sp. 1, 2007 Sp. 2,	RD P.O. BOX 770285 CORAL SPRINGS FL 33077-0385 S FL 33055 S IN Maining Address BO NOT WRITE IN THIS SPACE Country Zip Country 5. Cert ficeste of Status Dosired Space Bo Not Write In This Space Country Zip Country 5. Cert ficeste of Status Dosired Space Bo Not Washington Space Bo Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HTT-IA. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Cod After MAY 1, 2000. Fee will be 550.00 Make Check Payable to Department was granual tooked were recreasely FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000. Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000. Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS FILE NOW!!! FEE IS \$150.00 D BURK, KATHLEEN A SOOO W SAMPLE RD, #205 CORAL SPRINGS FL 33065 D BURK, KATHLEEN A SOOO W SAMPLE RD, #205 CORAL SPRINGS FL 33065 D Belete TILE NAME STEET ADDRESS CITY-ST-2P D Delete TILE NAME