

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084611

1. Entity Name

WRIGHT CHOICE CAR SALES OF NAPLES, INC.

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90041 008 ***150.00

Principal Place of Business
1320 AIRPORT ROAD SOUTH
NAPLES FL 34104

Mailing Address

1320 AIRPORT ROAD SOUTH
NAPLES FL 34104

2. Principal Place of Business
4776 Radio Rd.
Suite, Apt. #, etc.
807

3. Mailing Address
4776 Radio Rd.

Suite, Apt. #, etc.

807

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34104

Country
COLLIER

Zip
34104

Country
COLLIER

6. Name and Address of Current Registered Agent

WRIGHT, KIM W
1320 AIRPORT RD
NAPLES FL 34104

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

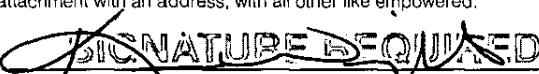
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WRIGHT, KIM W 1320 AIRPORT ROAD SOUTH NAPLES FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WRIGHT, KIM W 4776 RADIO RD. #807 NAPLES, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, ANN E 1320 AIRPORT ROAD SOUTH NAPLES FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, ANN E 4776 RADIO RD. #807 NAPLES, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 941-732-7177

Date

Daytime Phone #

00498374
AV

CR2E034 (9/01)