

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039869

1. Entity Name  
WRIGHTWAY ENTERPRISES OF NAPLES, INC.

Principal Place of Business  
24149 ADAIR AVE  
SORRENTO FL 32776

Mailing Address  
24149 ADAIR AVE  
SORRENTO FL 32776

2. Principal Place of Business  
P.O. Box 497  
Suite, Apt. #, etc  
N/A  
City & State  
SORRENTO, FL.  
Zip  
32776  
Country  
U.S.A.

3. Mailing Address  
P.O. Box 497  
Suite, Apt. #, etc  
N/A  
City & State  
SORRENTO, FL.  
Zip  
32776  
Country  
U.S.A.

FILED  
Sep 19, 2001 8:00 am  
Secretary of State

09-19-2001 90161 028 \*\*\*558.75

AU086873



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3444912  
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 \_\_\_\_\_ (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, 2001 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	<input type="checkbox"/> Delete
NAME	WRIGHT, WARREN	
STREET ADDRESS	24149 ADAIR AVE	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wright, Ethan	
STREET ADDRESS	P.O. Box 497	
CITY-ST-ZIP	SORRENTO, FL. 32776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Warren M. Wright WARREN M. WRIGHT 09-10-01571-7733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0477575

CR2E034 (10/00)