

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**  
 09-19-2001 90161 028 \*\*\*558.75

0477575

**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
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**AU086873**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 497 Suite, Apt. #, etc N/A	3. Mailing Address P.O. Box 497 Suite, Apt. #, etc N/A
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City & State SORRENTO, FL.	City & State SORRENTO, FL.	4. FEI Number 59-3444912	Applied For Not Applicable
Zip 32776	Country U.S.A.	Zip 32776	Country U.S.A.

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>P</b> <b>WRIGHT, WARREN</b> <b>24149 ADAIR AVE</b> <b>SORRENTO FL 32776</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VP</b> <b>Wright, ETHAN</b> <b>P.O. Box 497</b> <b>SORRENTO, FL. 32776</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 of 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

CR2E084 (10/00)