2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an atta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 22, 2002 8:00 am Secretary of State P97000051350 DOCUMENT # 1. Entity Name 05-22-2002 90134 047 ***150.00 GLENN WRIGHT CONSTRUCTION & DEVELOPMENT, INC. Mailing Address Principal Place of Business 101 S.E. 21 STREET 101 S.E. 21 STREET FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0794727 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WRIGHT, PATRICIA K Street Address (P.O. Box Number is Not Acceptable) 101 S.E. 21 STREET FT. LAUDERDALE FL 33316 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DVP ☐ Addition ☐ Delete TITLE TITLE WRIGHT, PATRICIA K NAME NAME STREET ADDRESS 101 S.E. 21 STREET STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE WRIGHT, GLENN B JR NAME NAME STREET ADDRESS STREET ADDRESS 101 SE 21 STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 Delete_ TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report of the corporation or the

E OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #

Daytime Phone #

FILED