


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

03-24-2003 91008 015 ***150.00

DOCUMENT # P97000069289

1. Entity Name
WRIGHTS WAY ROOFING, INC.



Principal Place of Business
**16 SOUTHWEST 8TH COURT
DELRAY BEACH FL 33444**

Mailing Address
**P O BOX 2467
DELRAY BEACH FL 33444**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0777872**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, ZARUS SR
16 SOUTHWEST 8TH COURT
DELRAY BEACH FL 33444**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WRIGHT, ZARUS 16 SW 8TH CT DELRAY BEACH FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WRIGHT, HERMAN 1990 NE 1ST LANE BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BUTLER, LEONARD 816 PAR CIRCLE DELRAY BEACH FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WRIGHT, CHRISTINE B 3454 STONLER ROAD TALLAHASSEE FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PMC WRIGHT, ZARUS ST 16 SW 8TH COURT DELRAY BEACH FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. 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 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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** _____ Date **4/17/03**

561-296-7240

CR2E034 (10/02)