

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P98000022216

Entity Name  
WIGHT DEVELOPMENT & CONSTRUCTION SERVICES INC

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90353 040 \*\*\*150.00

Principal Place of Business

Mailing Address

Principal Place of Business

18596 OCALA RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

4. FEI Number

65-0819385

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL T WIGHT

18596 OCALA ROAD S

FT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable):

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>11. OFFICERS AND DIRECTORS</p> <p>1. NAME: MICHAEL T WIGHT</p> <p>2. STREET ADDRESS: 18596 OCALA ROAD S</p> <p>3. CITY-ST-ZIP: FT MYERS FL 33912</p> <p><input type="checkbox"/> Delete</p>	<p>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <p>1. TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2. TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3. TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4. TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5. TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6. TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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

MICHAEL T WIGHT

05/11/02

941-931-9130