

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90904 047 ***150.00

DOCUMENT # P98000095367

1. Entity Name

C. WRIGHT, BACKHOE RENTAL, INC.

Principal Place of Business

**3131 SW MARTIN DOWNS BLVD., SUITE 312
 PALM CITY FL 34990**

Mailing Address

**3131 SW MARTIN DOWNS BLVD., SUITE 312
 PALM CITY FL 34990**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2740 SW Martin Downs Blvd Suite 312

3. Mailing Address

2740 SW Martin Downs Blvd Suite 312

City & State

Palm City FL

City & State

Palm City FL

4. FEI Number

65-0881968

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, LINDA
 6283 SW 39 ST
 PALM CITY FL 34990**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, CHRISTOPHER	
STREET ADDRESS	3131 SW MARTIN DOWNS BLVD. # 312	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WRIGHT, LINDA	
STREET ADDRESS	3131 SW MARTIN DOWNS BLVD. # 312	
CITY-ST-ZIP	PALM CITY FL 34990	
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	Christopher Wright	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2740 SW Martin Downs Blvd #312	
STREET ADDRESS	Palm City FL 34990	
CITY-ST-ZIP		
TITLE	Sec/Treas/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Wright	
STREET ADDRESS	6283 SW 39 St	
CITY-ST-ZIP	Palm City FL 34990	
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		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Wright 3/18/02

Date

Daytime Phone #

954-553-9350

CR2E034 (9/01)