

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108838

1. Entity Name

WRIGHT INC. FLUID HANDLING SYSTEMS

FILED
May 04, 2000 8:00 am
Secretary of State

04-14-2000 90106 020 ***158.75

Principal Place of Business

8276 METTO ROAD
 JACKSONVILLE FL 32244-1110

Mailing Address

8276 METTO ROAD
 JACKSONVILLE FL 32244-1110

2. Principal Place of Business

8276 METTO ROAD
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

JACKSONVILLE, FLORIDA

32244-1110

DUVAL

SAME AS

ABOVE

4. FEI Number

59-3611750

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, FREDERICK L
 8276 METTO ROAD
 JACKSONVILLE FL 32244-1110

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: Frederick L. Wright

(NOTE: Registered Agent signature required when reinstating)

APRIL 10, 2000

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, 2000 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	<u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>FREDERICK L. WRIGHT</u>	
STREET ADDRESS	<u>8276 METTO ROAD</u>	
CITY-ST-ZIP	<u>JACKSONVILLE, FLORIDA 32244-1110</u>	
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		<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		
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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: Frederick L. Wright
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000 (904) 771-7111
 Date Daytime Phone #

CR2E034 (9/99)