

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108838

1. Entity Name

WRIGHT INC. FLUID HANDLING SYSTEMS

Principal Place of Business

8276 METTO ROAD
JACKSONVILLE FL 32244-1110

Mailing Address

8276 METTO ROAD
JACKSONVILLE FL 32244-1110

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

04-14-2000 90106 020 ***158.75

2. Principal Place of Business

8276 METTO ROAD
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

SAME AS ABOVE

Zip

Country

32244-1110

USA

Zip

ABOVE

Country

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

APRIL 10, 2000

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
FREDERICK L. WRIGHT
8276 METTO ROAD
JACKSONVILLE, FLORIDA 32244-1110

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

Date

Daytime Phone #

4-27-2000 (904) 771-7111

CR2E034 (9/99)