

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110156

1. Entity Name

DARRYL WRIGHT AND ASSOCIATES, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90064 046 ***150.00

Principal Place of Business

8920 N.W. 13TH ST
GAINESVILLE FL 32653

Mailing Address

8920 N.W. 13TH ST
GAINESVILLE FL 32653

2. Principal Place of Business

2831-E NW 41st Street

3. Mailing Address

2831 NW 41st Street

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32606

Country

USA

Zip

32606

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3623716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, DARRYL
8920 N.W. 13TH ST
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name

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

2831-E NW 41st Street

City

Gainesville

FL

Zip Code

32606

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 26, 2001

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, 2001 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
D
WRIGHT, DARRYL
PO BOX 160
ALACHUA FL 32616 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WRIGHT, SUSAN
PO BOX 160
ALACHUA FL 32616 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

APRIL 26 2001 318-8228

Date

Daytime Phone #

CR2E034 (10/00)