

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 043 ***150.00

DOCUMENT # P99000110156

1. Entity Name
DARRYL WRIGHT AND ASSOCIATES, INC.



Principal Place of Business
**2831 E NW 41ST STREET
SUITE E
GAINESVILLE FL 32606**

Mailing Address
**2831 E NW 41ST STREET
SUITE E
GAINESVILLE FL 32606**



2. Principal Place of Business

8920 NW 13th Street
Suite, Apt. #, etc.

3. Mailing Address

8920 NW 13th Street
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Gainesville, Florida
Alachua, Florida

City & State
Gainesville, Florida

4. FEI Number **59-3623716**

Applied For
Not Applicable

Zip **32653**

Country **Alachua**

Zip **32653**

Country **Alachua**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, DARRYL
2831 E NW 41ST STREET
GAINESVILLE FL 32606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

DARRYL G. WRIGHT PRESIDENT

4/22/2003

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Darryl G. Wright President 4/22/2003 352-4629522**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)