2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 24, 2000 8:00 am Secretary of State **DOCUMENT # \$30890** 1. Entity Name 05-24-2000 90165 046 ***150.00 WRIGHT BUILDERS, INC. Principal Place of Business Mailing Address 3020 SARAH DR. 3020 SARAH DR. CLEARWATER FL 33759-2116 CLEARWATER FL 33759 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3053160 Not Applicable Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WRIGHT, PETER A. Street Address (P.O. Box Number is Not Acceptable) 3020 SARAH DR. **CLEARWATER FL 34619** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE WRIGHT, PETER A. NAME NAME STREET ADDRESS STREET ADDRESS 3020 SARAH DR. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truetee execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NO TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #