

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001454

1. Entity Name  
EVELYN M. WRIGHT ENTERPRISES, LTD.



FILED  
03 JAN 14 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O ESFANDIAR SHAFII  
10318 ORANGE GROVE DRIVE  
TAMPA FL 33618

Mailing Address  
C/O ESFANDIAR SHAFII  
P.O. BOX 270895  
TAMPA FL 33688



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3672566

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOGGS, E. JACKSON  
C/O FOWLER, WHITE, ET AL  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

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

DATE

9. Capital Contributions as Shown on record. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME SHAFII, ESFANDIAR  
STREET ADDRESS 10318 ORANGE GROVE DRIVE  
CITY-ST-ZIP TAMPA FL 33618

STREET ADDRESS

CITY-ST-ZIP

600010086596  
01/14/03--01085--015 \*\*526.25

DOCUMENT #  
NAME MORGAN, GAIL A  
STREET ADDRESS 3365 JACKSON CIRCLE, S.E.  
CITY-ST-ZIP CLEVELAND TN 37323

STREET ADDRESS

CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

BK

CR2E003 (10/02)

0013790 AT

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Esfandiar Shafii* ESFANDIAR SHAFII 1/10/03 813-933-4681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #