## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # M85977** Mar 16, 2000 8:00 am 1. Entity Name THE WRIGHT FABRIC SHOP, INC. **Secretary of State** 03-16-2000 90091 050 \*\*\*150.00 Principal Place of Business Mailing Address 6634 US 19 **NEW PORT RICHEY FL 34652** NEW PORT RICHEY FL 34652-1739 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2899752 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCUTARI, ROSALIE Street Address (P.O. Box Number is Not Acceptable) 7842 LEIGHTON CIRCLE **NEW PORT RICHEY FL 34654** Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. TITLE Change Addition TITLE Delete **GUY. MARIANNE** MAME NAME 6209 GLENWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NEW PT. RICHEY FL ☐ Change ☐ Addition ☐ Delete TITLE SCUTARI, ROSALIE NAME STREET ADDRESS 7842 LEIGHTON CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PT. RICHEY FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME 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

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

13-10-W

127-846-9033

Daytime Phone #