

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90436 049 ***150.00

929302



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000008629

1. Entity Name

POSTWRIGHT CORPORATION, INC.

Principal Place of Business

**3510 S OSPREY AVE
 SARASOTA FL 34239**

Mailing Address

**3510 S OSPREY AVE
 SARASOTA FL 34239**

2. Principal Place of Business

7720 SEMINOLE MALL

Suite, Apt. #, etc.

3. Mailing Address

7720 SEMINOLE MALL

Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

SEMINOLE FL

4. FEI Number

59-3628132

Applied For

Not Applicable

Zip

33772

Country

USA

Zip

33772

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, BARBARA K
 3510 S OSPREY AVE
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name **GEORGE WRIGHT**

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

6065 23rd AVENUE NORTH

City

ST. PETERSBURG

FL

Zip Code **33710**

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]

GEORGE WRIGHT

2-28-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, GEORGE	
STREET ADDRESS	6065 23RD AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WRIGHT, DONNA	
STREET ADDRESS	6065 23RD AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE WRIGHT

2-28-01

727-394-9252

Date

Daytime Phone #

CR2E034 (10/00)