2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am Secretary of State DOCUMENT # P00000008629 1. Entity Name 02-18-2002 90141 019 ***150.00 POSTWRIGHT CORPORATION, INC. Mailing Address Principal Place of Business 7720 SEMINOLE MALL 7720 SEMINOLE MALL SEMINOLE FL 33772 SEMINOLE FL 33772 2. Principal Place of Business 11185 PARK BLUD 3. Mailing Address 11185 PARK BLVD DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3628132 SEMINOLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WRIGHT, GEORGE Street Address (P.O. Box Number is Not Acceptable) 6065 23RD AVENUE NORTH SAINT PETERSBURG FL 33710 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. DATE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WRIGHT, GEORGE NAME STREET ADDRESS 6065 23RD AVE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33710 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE **VSD** ☐ Delete NAME NAME WRIGHT, DONNA STREET ADDRESS STREET ADDRESS 6065 23RD AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33710 ☐ Addition Change TITLE ☐ Delete 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 ☐ Change ☐ Addition ☐ Delete TITLE 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 13. I hereby certify that the information supplied with this filling 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.

CEORGE WRIGHT
DEFICER OR DIRECTOR
Date

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR

FILED