2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMEN 1. Entity Name		FILED				
WRITE ME A LETTER PUBLISHING & CONSULTING, INC.				03 OCT 13 AM 8: 46		
Principal Place of Business 4820 BRANTMORE CT. WINTER SPRINGS FL 32708  Mailing Address 4820 BRANTMORE CT. WINTER SPRINGS FL 32708  WINTER SPRINGS FL 32708			8	SECRETARY OF STAT TALL AHASSEE. FLOHI	DA DA	
Principal Place of Business     3. Mailing Address						
CARDO Brant move POBOX (9) Suite, Apt. #, etc. Suite, Apt. #, etc.			05	L DEMOTATEME	MT 03	
City & State City & State			71 327 R-62		Applied For	
Win fersprings 177		VOINTENSPIAPSTI		4. FEI Number NOT APPLICABLE	Not Applicable 8.75 Additional	
32708 6. No	SCMING (C	Registered Agent			ee Required	
BROOKS, LINDA			Name			
1405 VALENCIA C SANFORD FL 327			- Street Address	s (P.O. Box Number is Not Acceptable)		
SANFORD FL 327	<b>( )</b>		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. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.						
10.	OFFICERS AND	<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
STREET ADDRESS 4820 B	IN, ALICE BROOKS RANTMORE CT R SPRINGS FL 32708	☐ Delete ·	NAME STREET ADDRESS		☐ Change ☐ Addition	
TITLE WINTER	=0	□ Delete	CITY-ST-ZIP TITLE		Change Addition	
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	120 Brant m	32708-	- CITY-ST-ZIP	the property of the second of		
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STREET ADDRESS CITY-ST-ZIP			STREET AODRESS CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  D						

Wait nu aletter P.O. Box 6905 Abutowo Cessin WINTOSprings 7/ 32719-6905 Allce Cessin 4820 Brant move of Dinferspring \$1 32708 Ref # PODO 00058087 desarin did not receive the mittal original uni Fa businers report UBD When we revoyed that we did Not receil the original We this Sent what we did get as sown as we got it Sincerely Letter # Hosos 1082 Holle ces aren 503 A USO 51082 actours aroun