

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90194 024 ***158.75

DOCUMENT # P01000008622

1. Entity Name
WRIGHT BUSINESS SERVICES COMPANY



Principal Place of Business
**11948 SW 12 STREET
PEMBROKE PINES FL 33025**

Mailing Address
**11948 SW 12 STREET
PEMBROKE PINES FL 33025**



2. Principal Place of Business
17094 NW 11 ST
Suite, Apt. #, etc.

3. Mailing Address
17094 NW 11 ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines FL
Zip
33028
Country
USA

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Pembroke Pines FL
Zip
33028
Country
USA

4. FEI Number **65-1083494**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WRIGHT, ROSANNE
11948 SW 12 STREET
PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name
Wright, Rosanne
Street Address (P.O. Box Number is Not Acceptable)
17094 NW 11 ST
City
Pembroke Pines **FL** Zip Code
33028

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
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NAME
WRIGHT, ROSANNE ☐ Delete
STREET ADDRESS
11948 SW 12 STREET
CITY-ST-ZIP
PEMBROKE PINES FL 33025

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☒ Change ☐ Addition
NAME
Wright, Rosanne
STREET ADDRESS
17094 NW 11 ST
CITY-ST-ZIP
Pembroke Pines, FL 33028

TITLE
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☐ Change ☐ Addition

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: **Rosanne Wright**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 **305-662-2660**
Date Daytime Phone #