## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## OCUMENT #

rincipal Place of Business

. Principal Place of Business

302 13TH AVENUE S

ULFPORT FL 33707

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

P01000016030

Mailing Address

5802 13TH AVENUE S

**GULFPORT FL 33707** 

3. Mailing Address

. Entity Name

AMELA J. WRIGHT, INC.

			<u>`</u>	<b>-</b> -i		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3697606		olied For Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	Fee Required	
6 Name	e and Address of Current	Registered Agent		7 Name and Address of New Registe	red <u>Agent</u>	
ACCOUNTING & TAX 8668 PARK BLVD SU SEMINOLE FL 33777	( HELP, INC. IITE A		Str. 2942 St. F	es Acct & Tax Svc Inc 2-49th Street N Petersburg FI 33710	Zip Code	
the obligations of regis	ty submits this statement to stered agent.  Y W TAM to or printed name of registered agent  III FEE IS \$150.00  103 Fee will be \$550.00  105 Florida Department of	and title it of clicable.	wan	9. Election Campaign Financin Trust Fund Contribution.	9 \$5.0 Added	O May Be
0.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS		
ITLE DP WRIGHT, STREET ADDRESS 5802 13T	PAMELA J H AVENUE S RT FL 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition Addition
ITLE VAME STREET ADDRESS CITY-ST-ZIP	:	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	man Super Superior	Delete	NAME STREET ADDRESS CITY-ST-ZIP	هي هه پهنده د استاست د ديد په اړه د د	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
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TITLE		☐ Delete	TITLE		Change	Addition

STREET ADDRESS

CITY-ST-ZIP

**FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90825 033 \*\*\*150.00

12. Thereby 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 of 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. 727-641-8207

Daytime Phone #