

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000040951

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE WRITE PARTNERSHIP, INC.

**Current Principal Place of Business:**

139 HAMMOCKS DR.  
WEST PALM BEACH, FL 33413 US

**New Principal Place of Business:**

**Current Mailing Address:**

139 HAMMOCKS DR.  
WEST PALM BEACH, FL 33413 US

**New Mailing Address:**

**FEI Number:** 65-1114706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOSITO, ANNA  
139 HAMMOCKS DR.  
WEST PALM BEACH, FL 33413 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAYMAN, HELAINE L  
Address: 99 HARWOOD I  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: V ( ) Delete  
Name: LOSITO, ANNA  
Address: 139 HAMMOCKS DR.  
City-St-Zip: WEST PALM BEACH, FL 33413 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RAYMAN, HELAINE L  
Address: 139 HAMMOCKS DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: P (X) Change ( ) Addition  
Name: LOSITO, ANNA  
Address: 139 HAMMOCKS DR.  
City-St-Zip: WEST PALM BEACH, FL 33413 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA LOSITO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/29/2002

\_\_\_\_\_  
Date