

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90047 001 \*\*\*150.00

**DOCUMENT #** P01000097956  
**1. Entity Name**  
**WRIGHT PROFESSIONAL ASSOCIATES, INC.**

**Principal Place of Business** **Mailing Address**  
**10704 PRESERVE LAKE DR STE 105** **PO BOX 1975**  
**TAMPA FL 33626** **OLDSMAR FL 34677**

**2. Principal Place of Business** **3. Mailing Address**  
**6521 Seafairer Dr.**  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**

**City & State** **City & State**  
**Tampa FL**  
**Zip** **Country** **Zip** **Country**  
**33615 USA**

**4. FEI Number** **Applied For**  
**59-3750398** **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**DLUGOSE, DEBORAH**  
**10704 PRESERVE LAKE DR STE 105**  
**TAMPA FL 33626**

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**6521 Seafairer Drive**  
**City** **FL** **Zip Code**  
**Tampa 33615**

**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.**  
**SIGNATURE** **[Deborah Dlugose]** **4.15.02**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☒ **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back) **After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>DLUGOSE, DEBORAH</b> <b>10704 PRESERVE LAKE DR STE 105</b> <b>TAMPA FL 33626</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>6521 Seafairer Drive</b> <b>Tampa FL 33615</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**  
**SIGNATURE:** **[Deborah Dlugose]** **727-409-0701**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)