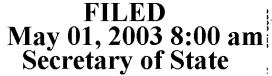
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000097956 **DOCUMENT #**



1. Enlity Name WRIGHT PROFESSIONAL ASSOCIATES, INC.						05-01-2003 90380 009 ***150.00		
Principal Place of Business 6521 SEAFAIRER DR TAMPA FL 33615			Mailing Address PO BOX 1975 OLDSMAR FL 34677					
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 59-3750398	Applied For Not Applicab	
Zip Country		Zip	Coun	try		8.75 Addee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
	·		<u>. </u>		Name			
-DLUGOSE, DEBORAH - 6521 SEAFAIRER DR.					Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33615								
					City FL Zip Code			
Afte Make Chec	Signature, typed	or printed name of registered age II FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department	0 of State	(NOTE: Registered	d Agent signature require	9. Election Campaign Financing Trust Fund Contribution.	Ádded	May Be
10.	In .	OFFICERS AN	• •	11.	. 1	ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, DEBORAH FAIRER DR. 33615	☐ Delete	NAMI Stre	1		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAM! STRE			☐ Change	☐ Addition }
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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 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. 727-409-

4.20.03