

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90055 027 \*\*\*150.00

DOCUMENT # P93000024120

1. Entity Name  
THE RIGHT SPIRIT CORP

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4532 W. KENNEDY BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#197

City & State

City & State

TAMPA FL

SAME

Zip

Country

Zip

Country

33609

USA

4. FEI Number

59-3174689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LORRAINE KOVALSKY

Street Address (P.O. Box Number is Not Acceptable)

4532 W. KENNEDY BLVD.

#197

City

TAMPA

FL

Zip Code

33609

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

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.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME KOVALSKY, LORRAINE  
STREET ADDRESS 4532 W. KENNEDY BLVD #197  
CITY-ST-ZIP TAMPA FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSTD  
NAME KOVALSKY, ROBERT JR  
STREET ADDRESS 4532 W. KENNEDY BLVD #197  
CITY-ST-ZIP TAMPA FL 33609

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine Kovalsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

813 286-2455

Daytime Phone #

CR2E034B (12/01)