

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073307

1. Entity Name

WRITE-CHOICE SERVICES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90108 023 ***150.00

Principal Place of Business

200 W COLLEGE AVE
TALLAHASSEE FL 32301
US

Mailing Address

P.O. BOX 145
TALLAHASSEE FL 32302-0145
US

2. Principal Place of Business

7216 Hwy 202
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Thomasville GA

City & State

Zip

31757

Country

U.S.

Country

4. FEI Number

59-3341159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITHERLAND, JANET
200 W COLLEGE AVE
TALLAHASSEE FL 32301

Name

Sharon O'Donnell

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

200 W. College Ave.

City

Tallahassee FL

Zip Code

32301

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

Sharon O'Donnell Sharon O'Donnell 4/05/00

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)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITHERLAND, JANET 7216 HWY 202 THOMASVILLE GA 31757	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITHERLAND, JERRY 7216 HWY 202 THOMASVILLE GA 31757	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

Janet Litherland Janet Litherland 4-3-00 850-224-2888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)