


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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AND
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97 OCT 13 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 796000028571

1. Corporation Name
Bill Right, Inc.

Principal Place of Business Mailing Address

205 W. Osborne Ave
Tampa, FL 33603

3. Date Incorporated or Qualified 4/2/96 3a. Date of Last Report

2. Principal Place of Business

21 205 W. Osborne Ave

2a. Mailing Address

26

4. FEI Number

59-3369758

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

23 Tampa, FL

28

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes ☐ No

Zip

Country

Zip

Country

24 33603

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Renée Marcus
7327 Centerwood Ave
Spring Hill, FL 34608

81 Name

Renée Marcus

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

7327 Centerwood Ave

83

84

Tampa

FL

85

Zip Code

34608

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Renée Marcus*

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reappointing)

10-1-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME President
STREET ADDRESS Danielle Riley
CITY-ST-ZIP 205 W. Osborne Ave.
Spring Tampa, FL 33603

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

20000230582-4

-10/15/97-01039-011

*****550.00 *****550.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

10/1/14

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Danielle Riley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.12.97

Date

352-596-3733

Daytime Phone #

CR2E034 (9/96)