

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P96000032173(2)

**1. Entity Name**  
Yes + Right, Inc.

**Principal Place of Business**      **Mailing Address**  
1425 Walnut Street, 2nd Floor  
Philadelphia, PA 19103

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**FILED**

01 SEP -4 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**      DO NOT WRITE IN THIS SPACE      00-01

**4. FEI Number**  
23-2849697      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**

CT Corporation System  
1200 S. Pine Island Rd  
Plantation, FL 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

**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 *Margaret E. Routzahn*      **MARGARET E. ROUTZAHN**      8/23/01  
Special Assistant Secretary      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.**            **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	Daniel B. Gouberg	NAME	5000045885 PS
STREET ADDRESS	1425 Walnut St, 2nd Floor	STREET ADDRESS	-09/14/01--01049--015
CITY-ST-ZIP	Philadelphia, PA 19103	CITY-ST-ZIP	****300.00      ****300.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Jeffrey Gouberg	NAME	
STREET ADDRESS	1425 Walnut Street	STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19103	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]*