

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

DOCUMENT # **P 96 0000 54723**

1. Entity Name

MJ WRIGHT PRODUCTIONS INC

FILED

**May 08, 2002 8:00 am
Secretary of State**

05-08-2002 90011 006 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5260 W 12th AVE NW

3. Mailing Address

5260 W 12th AVE NW

Suite, Apt. #, etc.

SUITE 118

Suite, Apt. #, etc.

SUITE 118

City & State

KEESIMMER FL

City & State

KEESIMMER FL

Zip

34746

Country

Zip

34746

Country

4. FEI Number

593387251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MALCOLM WRIGHT

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

2701 SPIVET LANE

City

ORLANDO

FL

Zip Code

32837

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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 NAME STREET ADDRESS CITY-ST-ZIP	PJ MALCOLM WRIGHT 2701 SPIVET LANE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MILWAU WRIGHT 2701 SPIVET LANE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 authority, duly empowered.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR

PRESIDENT

4/30/02

Date

407-421-6660

Daytime Phone #