

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *PAR000026732* *YR*

1. Entity Name
WRIGHT CONSULTANTS INTERNATIONAL, INC.

Principal Place of Business *FLORIDA* Mailing Address
7150 SUNSET WAY, SUITE 701E
ST. PETE BEACH, FL 33706

2. Principal Place of Business
AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00066909

6. Name and Address of Current Registered Agent

DIANE K. SOMMERER, ESQ
3300 UNIVERSITY DR., #225
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

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.

NO CHANGES

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)

YES ☒

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

NO

11. OFFICERS AND DIRECTORS

TITLE *DIRECTOR* ☐ Delete
NAME *WRIGHT, ALEXANDRA P.*
STREET ADDRESS *7150 SUNSET WAY, SUITE 701E*
CITY-ST-ZIP *ST. PETE BEACH, FL 33706*

TITLE *DIRECTOR* ☐ Delete
NAME *SOMMERER, DIANE K.*
STREET ADDRESS *3300 UNIVERSITY DR., #225*
CITY-ST-ZIP *CORAL SPRINGS, FL 33065*

TITLE *_____* ☐ Delete
NAME *_____*
STREET ADDRESS *_____*
CITY-ST-ZIP *_____*

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NAME *_____*
STREET ADDRESS *_____*
CITY-ST-ZIP *_____*

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NAME *_____*
STREET ADDRESS *_____*
CITY-ST-ZIP *_____*

TITLE *_____* ☐ Delete
NAME *_____*
STREET ADDRESS *_____*
CITY-ST-ZIP *_____*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *_____* ☐ Change ☐ Addition
NAME *_____*
STREET ADDRESS *_____*
CITY-ST-ZIP *_____*

TITLE *_____* ☐ Change ☐ Addition
NAME *_____*
STREET ADDRESS *_____*
CITY-ST-ZIP *_____*

TITLE *_____* ☐ Change ☐ Addition
NAME *_____*
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CITY-ST-ZIP *_____*

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CITY-ST-ZIP *_____*

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NAME *_____*
STREET ADDRESS *_____*
CITY-ST-ZIP *_____*

TITLE *_____* ☐ Change ☐ Addition
NAME *_____*
STREET ADDRESS *_____*
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alexandra P. Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDRA P. WRIGHT

6/21/00 TEMP (865) 777-0400
(727) 360-2587
Ext. 323



Attachment
6/16/00
DT# P9700026737

~~FAX TO DIANE OR JOHN~~
~~SCAMMER~~

~~PLS. DELIVER~~
~~ASAP~~

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 1, 2000

JUST REC'D. (FORWARDED) 6/19/00

WRIGHT CONSULTANTS INTERNATIONAL, INC.
7150 SUNSET WAY 701E
ST PETERSBURG BCH, FL 33706 US

SUBJECT: WRIGHT CONSULTANTS INTERNATIONAL, INC.
Ref. Number: P97000026737

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

➔ TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kristen Eckel
Document Specialist

Letter Number: 900A00030921