

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000034340**

1. Entity Name

CAULINE G. WILSON-WRIGHT, INC.

Principal Place of Business

7331 NORMANDY ST
MIRAMAR FL 33023

Mailing Address

7331 NORMANDY ST
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0745671

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

WILSON-WRIGHT, CAULINE G
7331 NORMANDY ST
MIRAMAR FL 33023

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

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	WILSON-WRIGHT, CAULINE G	7331 NORMANDY ST MIRAMAR FL 33023	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<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:

SIGNATURE REQUIRED

4/20/00

(954) 989-3501

Date

Daytime Phone

CR2E034 (5/00)

KE

JUSTIN-CRAIG LTD., INC.

262

PA7000034340

September 14th, 2000

Division of Corporations
Florida Department of State
409 E. Gaines Street
Tallahassee, Florida 32399

re: Cauline Wilson-Wright, Inc.

To Whom It May Concern;

The Annual Report for 2000 for the above referenced corporation was originally mailed in April 2000 along with a check in the amount of \$150.00. My client received a second notice and it was at that time that she realized the check from April had not been negotiated. I personally mail this report and check in April.

Per a phone conversation with a gentleman in the reinstatement department, if a letter was sent explaining this, the annual report would be accepted and processed for the original \$150.00 filing fee. My client misunderstood my verbal instructions to her and gave inaccurate information in her letter to you.

Please accept the filing fee of \$150.00 and show this corporation active. I apologize for the mis-communication in this matter.

Sincerely,



Barbara R. Lambert
President