

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031952

1. Entity Name

WRIGHT INTERNATIONAL RECORDS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90938 020 ***150.00

Principal Place of Business

Mailing Address

606 VISCAYA AVE.
 ORLANDO FL 32839

7380 SAND LAKE RD
 STE 350
 ORLANDO FL 32819-5257
 US

2. Principal Place of Business

3. Mailing Address

7380 SAND LAKE RD

Suite, Apt. #, etc.

SUITE 330

City & State

ORLANDO FL

Suite, Apt. #, etc.

SUITE 330

City & State

Zip

Country

U.S.A.

Zip

Country

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3506036

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

BROWN, DOUGLAS H
 606 VISCAYA AVE.
 ORLANDO FL 32839

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 \$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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WRIGHT, JOHNNY
 CITY-ST-ZIP 606 VISCAYA AVE.
 ORLANDO FL 32839

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BROWN, DOUGLAS H
 CITY-ST-ZIP 606 VISCAYA AVE.
 ORLANDO FL 32839

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME T
 STREET ADDRESS DAVID PIERRE
 CITY-ST-ZIP 7380 SAND LAKE RD, SUITE 330
 ORLANDO FL 32819

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

407-363-7040

Daytime Phone #

CR2E034 (9/99)