

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031952

1. Entity Name

WRIGHT INTERNATIONAL RECORDS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90141 034 ***150.00

Principal Place of Business

7380 SAND LAKE ROAD
STE 330
ORLANDO FL 32839

Mailing Address

7380 SAND LAKE ROAD
STE 330
ORLANDO FL 32839
US

88056166

2. Principal Place of Business

7680 Universal Blvd.

Suite, Apt. #, etc.

Suite 565

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Address

7680 Universal Blvd.

Suite, Apt. #, etc.

Suite 565

City & State

Orlando, FL

Zip

32819

Country

USA



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

BROWN, DOUGLAS H
606 VISCAYA AVE.
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name

DAVID PIERFY

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

7680 Universal Blvd. Ste 565

City

ORLANDO

FL

Zip Code

32819

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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, 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

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WRIGHT, JOHNNY | |
| STREET ADDRESS | 606 VISCAYA AVE. | |
| CITY-ST-ZIP | ORLANDO FL 32839 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BROWN, DOUGLAS H | |
| STREET ADDRESS | 606 VISCAYA AVE. | |
| CITY-ST-ZIP | ORLANDO FL 32839 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | PIERRY, DAVID | |
| STREET ADDRESS | 7380 SAND LAKE RD STE 330 | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRIGHT, Johnny | |
| STREET ADDRESS | 7680 Universal Blvd. Ste 565 | |
| CITY-ST-ZIP | Orlando, FL 32819 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIERFY, DAVID | |
| STREET ADDRESS | 7680 Universal Blvd. Ste 565 | |
| CITY-ST-ZIP | Orlando, FL 32819 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

DAVID PIERFY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

407-343-7640

Daytime Phone #

CR2E034 (10/00)