

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90001 038 ***150.00

DOCUMENT # P99000103008

1. Entity Name
THE RIGHT PRODUCT, INC.

Principal Place of Business
 5906 BRECKENRIDGE PKWY., STE. G
 TAMPA FL 33610

Mailing Address
 5906 BRECKENRIDGE PKWY., STE. G
 TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

P.O. Box 1725

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Mango, FL

City & State

City & State

Zip

Country

Zip

Country

33550-1725 USA

4. FEI Number **59-3621818**

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

LANIGAN, DAVID C
100 S. ASHLEY DR., STE. 1300
TAMPA FL 33602

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTE, DIRK 5007 LONGBOAT BLVD. EAST TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

813-627-8402

Date

Daytime Phone #

CR2E034 (10/00)

The Right Product

Attachment
DH#P99000103008
A0073913
T.R.P. Inc.

June 12, 2001

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Reference #: P99000103008

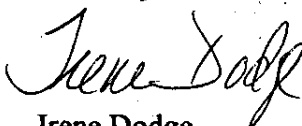
Enclosed is the annual report for TRP. I am sorry I forgot to sign the check.

I am requesting that you not impose the late fee of \$400.00, because this report is not returned within the 30 days from the date of the letter. The letter was mailed from your office on May 15, 2001.

Since TRP's mail is delivered to a Post Office Box and the box is only checked for mail 1 or 2 x a month, I received the notice today.

I appreciate your understanding in this matter.

Sincerely,



Irene Dodge
Controller

You want... The Right Product? We have... The Right Product!!



Attachment
A0073913

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 8, 2001

THE RIGHT PRODUCT, INC.
P.O. BOX 1725
MANGO, FL 33550-1725

Subject: THE RIGHT PRODUCT, INC.

Reference
Number:

P99000103008

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RR

ANNUAL REPORTS SECTION