

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90239 002 ****61.25

DOCUMENT # **751981**

1. Entity Name

FOURTH WELLINGTON, INC.

Principal Place of Business

Mailing Address

**12785 -C FOREST HILL BLVD.
 WELLINGTON, FL 33414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-1989414

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0066949

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Earl Olirzky
 12785-C Forest Hill Blvd.
 Wellington, FL 33414**

Name

Carolyn Brown

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

12785-C Forest Hill Blvd.

City

Wellington

FL

Zip Code

33414

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 **CAROLYN BROWN, PROPERTY MGR.**

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

(NOTE: Registered Agent signature required when reinstating)

4/23/01
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to:
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME **P Bob Carmerlinck** ☐ Delete
 STREET ADDRESS **15795 Meadow Wood Dr.**
 CITY-ST-ZIP **Wellington, FL 33414**

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

TITLE
 NAME **VP Mike O'Dell** ☐ Delete
 STREET ADDRESS **1315 Wood Dale Ter.**
 CITY-ST-ZIP **Wellington, FL 33414**

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

TITLE
 NAME **S Carole Faucher** ☐ Delete
 STREET ADDRESS **15230 Meadow Wood Dr.**
 CITY-ST-ZIP **Wellington, FL 33414**

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

TITLE
 NAME **T Charlene Arcadipane** ☐ Delete
 STREET ADDRESS **1080 HUNTLEY Way**
 CITY-ST-ZIP **Wellington, FL 33414**

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

TITLE
 NAME **D Laurel Finnegan** ☐ Delete
 STREET ADDRESS **15770 Meadow Wood Dr.**
 CITY-ST-ZIP **Wellington, FL 33414**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

LAUREL FINNEGAN

Date

Daytime Phone #

4/24/2001 561 790-3510

CR2E037 (11/00)