

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90125 050 \*\*\*150.00

**DOCUMENT # F02000000087**

**1. Entity Name**  
**WELLINGTON SHIELD SERVICES LIMITED, INC.**



**Principal Place of Business**  
**700 11TH STREET SOUTH**  
**PENTHOUSE 2**  
**NAPLES FL 34102**

**Mailing Address**  
**700 11TH STREET SOUTH**  
**PENTHOUSE 2**  
**NAPLES FL 34102**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**34102-6777**

**34102-6777**

**4. FEI Number**

**03-0382250**

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**

**STITES, SHARON**  
**700 11TH STREET S.**  
**NAPLES FL 34102**

Name

**Young, David F.**

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

**700 Eleventh Street, S.**

City

**Penthouse 2**

City

**Naples**

**FL**

Zip Code

**34102-6777**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/4/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

**9. Election Campaign Financing Trust Fund Contribution.**

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **TYRRELL, THOMAS K**  
**STREET ADDRESS** **57 HIGH POINT CIRCLE WEST #505**  
**CITY-ST-ZIP** **NAPLES FL**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **48 Upper Drumcondra Road**  
**CITY-ST-ZIP** **Dublin 9 IRELAND**

**TITLE** **D** ☐ Delete  
**NAME** **DARR, JAMES J**  
**STREET ADDRESS** **12 SAWMILL LANE**  
**CITY-ST-ZIP** **GREENWICH CT**

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

**TITLE** **D** ☒ Delete  
**NAME** **OLIVER, DANIEL**  
**STREET ADDRESS** **3105 WOODLEY ROAD NW**  
**CITY-ST-ZIP** **WASHINGTON DC**

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

**TITLE** **D** ☐ Delete  
**NAME** **KATZ, MARTIN J**  
**STREET ADDRESS** **MERTON CROFT THE CROFTS**  
**CITY-ST-ZIP** **CASTLETOWN ISLE OF MAN**

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

**TITLE** **S** ☐ Delete  
**NAME** **MACDONALD, KIM**  
**STREET ADDRESS** **9 PRINCESS STREET**  
**CITY-ST-ZIP** **AUCKLAND, NEW ZEALAND**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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 607, 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**

**03/4/03**

**239 430 4306**

Date

Daytime Phone #

CR2E034 (10/02)