

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000004847**

1. Entity Name

WELLINGTON ENVIRONMENTAL CONSULTING & CONSTRUCTION, INC.

Principal Place of Business

**607 HANLEY INDUSTRIAL COURT
ST LOUIS MO 63144**

Mailing Address

**607 HANLEY INDUSTRIAL COURT
ST LOUIS MO 63144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1488609

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****CIT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

**PC
WELLINGTON, THOM
14859 BROOK HILL DRIVE
CHESTERFIELD MO 63017**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**S
WELLINGTON, JUDITH L
14859 BROOK HILL DR.
CHESTERFIELD MO 63017**

☐ Delete

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☐ Change ☐ 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:**THOMAS WELLINGTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**09/06/02**

Date

314-644-4930

Daytime Phone #

**FILED
Sep 17, 2002 8:00 am
Secretary of State**

09-17-2002 90096 008 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)