

2001 UNIFORM BUSINESS REPORT (UBR)

03-21-2001 90009 036 ***158.75

DOCUMENT # J06297

1. Entity Name:

Wellington Academy, Inc. ✓

FILED

01 APR -2 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
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2. Principal Place of Business 12734 Kenwood Lane Suite, Apt. #, etc. Suite 39 City & State Fort Myers	3. Mailing Address 12734 Kenwood Lane Suite, Apt. #, etc. Suite 39 City & State Fort Myers
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DO NOT WRITE IN THIS SPACE

Zip 33907-5639	Country USA	Zip 33907-5639	Country USA
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4. FEI Number 59-2606136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name Faye O. Jones
	Street Address (P.O. Box Number is Not Acceptable) 5214 Ramsey Way
	City Ft. Myers
	State FL
	Zip Code 33907

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
P/D Faye O. Jones 12734 Kenwood Lane, Ste. 99 Fort Myers, FL 33907-5639			
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
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CRZE034 (11/00)

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: Faye O. Jones, President 4-3-01 (941) 274-0555
Signature and typed or printed name of signing officer or director Date Daytime Phone #