

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90218 004 \*\*\*150.00

0293276

**DOCUMENT # J33645**

1. Entity Name

**WELLINGTON ELECTRIC INC.**

Principal Place of Business  
**3500 FAIRLANE FARMS RD #7**  
**WELLINGTON FL 33414**

Mailing Address  
**3500 FAIRLANE FARMS RD #7**  
**WELLINGTON FL 33414**

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 **59-2713389**

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

**PALMER, ROBERT S.**  
**14201 SNOWBERRY DRIVE**  
**WEST PALM BEACH FL 33414**

Name **Palmer, Robert S.**

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

**4690 Foxview Place**

City **Lake Worth,**

**FL**

Zip Code **33467**

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

*Robert S. Palmer*

**Robert S. Palmer, Vice-President**

**4-17-01**

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 **PTVS** ☐ Delete  
 NAME **PALMER, RUTH T.**  
 STREET ADDRESS **14201 SNOWBERRY DRIVE**  
 CITY-ST-ZIP **W.PALM BCH. FL 33414**

TITLE ☒ Change ☐ Addition  
 NAME **4690 Foxview Place**  
 STREET ADDRESS **Lake Worth, FL 33467**  
 CITY-ST-ZIP

TITLE **VS** ☐ Delete  
 NAME **PALMER, ROBERT S**  
 STREET ADDRESS **14201 SNOWBERRY DR.**  
 CITY-ST-ZIP **W PALM BEACH FL**

TITLE ☒ Change ☐ Addition  
 NAME **4690 Foxview Place**  
 STREET ADDRESS **Lake Worth, FL 33467**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Ruth T. Palmer*

**Ruth T. Palmer, President**

**4-17-01 (561) 798-8811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)