

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90286 036 ***150.00

044791 AV

DOCUMENT # K66069	
1. Entity Name WELLESLEY CONSTRUCTION COMPANY	

Principal Place of Business 7212 COUNTY LINE RD ODESSA FL 33556 US	Mailing Address 7212 COUNTY LINE RD ODESSA FL 33556 US
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2. Principal Place of Business 7320 County Line Rd.	3. Mailing Address 7320 County Line Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2996425	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 CUMMINGS, THOMAS L. 7212 COUNTY LINE RD ODESSA FL 33556	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7320 County Line Rd. City FL Zip Code
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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 Elizabeth W. Cummings, Treasurer DATE 4/10/03
Elizabeth W. Cummings, Treasurer
(NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUMMINGS, THOMAS L. 7212 COUNTY LINE RD ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7320 County Line Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUMMINGS, THOMAS L. 7212 COUNTY LINE RD ODESSA FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Brian Cummings 154 Sunward Ave. Palm Harbor, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUMMINGS, ELIZABETH W 7212 COUNTY LINE RD ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7320 County Line Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUMMINGS, BRADFORD A 7212 COUNTY LINE RD ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7320 County Line Rd.
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
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

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: Elizabeth Cummings, Treasurer DATE 4/10/03 813-926-6673
Elizabeth Cummings, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)