

2000 UNIFORM BUSINESS REPORT (UBR)


FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90091 033 ***150.00

051979



DO NOT WRITE IN THIS SPACE

DOCUMENT # L36422			
1. Entity Name WELLCORP I, INC.			
Principal Place of Business 222 LAKEVIEW AVE 17TH FLOOR WEST PALM BEACH FL 33401 US		Mailing Address 222 LAKEVIEW AVE 17TH FLOOR WEST PALM BEACH FL 33401-6150 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent REGSERV CORP 222 LAKEVIEW AVE 17 FLOOR WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above Regserv Corp. is changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE By:  Mark Nussbaum, Vice President (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANDS, DONALD A. 222 LAKEVIEW AVE WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RENDINA, BRUCE A. 222 LAKEVIEW AVE WEST PALM BEACH FL 33401 <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	V DISALVO, PATRICK J 222 LAKEVIEW AVE WEST PALM BEACH FL 33401 <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
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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.			

CR2E034 (9/99)

SIGNATURE:  **Patrick J. DiSalvo** **Vice President** **4/27/00** **(561) 655-9008**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #