

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0385436
AV

05-02-2003 90739 042 ***150.00

DOCUMENT # **L36422**

1. Entity Name
WELLCORP I, INC.



Principal Place of Business
**3801 PGA BLVD.
#600
WEST PALM BEACH FL 33410
US**

Mailing Address **90 Brannen Road Es**
*** NOTE NEW ADDRESS ***
**1500 W Cypress Creek Rd., Ste. 409
Ft. Lauderdale, FL 33309**



2. Principal Place of Business

1500 W. Cypress Creek Rd.

3. Mailing Address

See above

Suite, Apt. #, etc.

Suite 409

Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL

City & State
Palm Beach Gardens

Zip
33309

Country
USA

Zip
33309

Country
USA

4. FEI Number **65-0176152**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REGSERV CORP
3801 PGA BLVD.
#600
WEST PALM BEACH FL 33410**

7. Name and Address of New Registered Agent

Name **Michael E. Schultz**
Street Address (P.O. Box Number is Not Acceptable)
90 Brannen Road Es
1500 W. Cypress Creek Rd #409
City **Ft. Lauderdale FL** Zip Code **33309**

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 **Michael E. Schultz**
Signature, typed or printed name of registered agent and title if applicable.

Michael E. Schultz
(NOTE: Registered Agent signature required when reinstating)

4/28/03
DATE

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DV-** ☒ Delete
NAME **SANDS, DONALD A**
STREET ADDRESS **3801 PGA BLVD. #600**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE **DP-** ☒ Delete
NAME **RENDINA, BRUCE A-**
STREET ADDRESS **2801 PGA BLVD. #600**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE **V-** ☒ Delete
NAME **DISLAVO, PATRICK J-**
STREET ADDRESS **3801 PGA BLVD. #600**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **3801 PGA Boulevard, Suite 600
Palm Beach Gardens, FL 33410**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Change ☒ Addition
NAME **DVP**
STREET ADDRESS **Michael E. Schultz**
CITY-ST-ZIP **2830 Long Meadow Dr.
W. Palm Beach, FL 33414**

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

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

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: **Michael E. Schultz** **4/29/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)