## FILED Feb 18, 2003 8:00 am

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**Secretary of State** P00000071421 DOCUMENT # 02-18-2003 90100 021 \*\*\*158.75 1. Entity Name WELLINGTON GOLF EQUITY CORP. Principal Place of Business Mailing Address 1900 AERO CLUB DRIVE 1900 AERO CLUB DRIVE WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address 11 650 Metropolitain E Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For Montreal, Quebec Canada 65-1026697 Not Applicable Zip Country Country Canada \$8.75 Additional 5. Certificate of Status Desired .Fee.Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WURTENBERGER, KENNETH Street Address (P.O. Box Number is Not Acceptable) 350 E. LAS OLAS BLVD. **SUITE 1700** FT. LAUDERDALE FL 33301 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE,IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Mr. Addition A NAME THERIAULT, MARCEL NAME Marc Theriault STREET ADDRESS 900 S N LAKE DRIVE STREET ADDRESS 100 Berlioz: #PHl 7 Ile des Soeurs, Quebec Canada CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

2. 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D

Daytime Phone #