

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90028 031 ***150.00

DOCUMENT # P01000038693

1. Entity Name
B. & R. OF WELLINGTON, INC.

Principal Place of Business
4830 TALLOWOOD LN
BOCA RATON FL 33487

Mailing Address
4830 TALLOWOOD LN
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10300 Forest Hill Blvd

3. Mailing Address

Suite, Apt. #, etc.
K-100

Suite, Apt. #, etc.

City & State
Wellington, FL

City & State

4. FEI Number
59-3713466

Applied For
 Not Applicable

Zip
33414

Country
USA

Zip Country

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

HAMERLING, BARRY
4830 TALLOWOOD LN
BOCA RATON FL 33487

Name

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

City **FL** 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.

SIGNATURE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D** ☐ Delete
HAMERLING, BARRY
 STREET ADDRESS
 CITY-ST-ZIP **4830 TALLOWOOD LN**
BOCA RATON FL 33487

TITLE
 NAME **ASSISTANT SECRETARY** ☐ Change ☒ Addition
Robert A. BERGMAN
 STREET ADDRESS
 CITY-ST-ZIP **2913 ADDISON LANE**
ALPHARETTA, GA. 30005

TITLE
 NAME **D** ☐ Delete
HAMERLING, ROBERT J
 STREET ADDRESS
 CITY-ST-ZIP **4830 TALLOWOOD LN**
BOCA RATON FL 33487

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02 (770) 360-9045

Daytime Phone #

CR2E034 (9/01)