

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110249

1. Entity Name

WELLINGTON PEAT & SOIL INC

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90057 005 ***158.75

ADVERSE - AU

870197



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6808 HATTERAS DRIVE LAKE WORTH FL 33467		Mailing Address 6808 HATTERAS DRIVE LAKE WORTH FL 33467	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1152304		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARRIER, TONY C 6808 HATTERAS DRIVE LAKE WORTH FL 33467		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 resigning)

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
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	BARRIER, PAMELA F	6808 HATTERAS DRIVE	LAKE WORTH FL 33467				

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02 561-966-9888
 Date Daytime Phone #

CR2E034 (9/01)

Attachment
Document #
PO1000110249

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I sincerely apologize
for any inconvenience
this oversight might
have caused.

THANK-You
Pamela Barrier

Attachment
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