
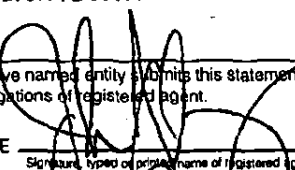
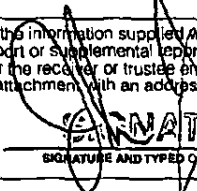


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

06-23-2003 90056 004 \*\*\*150.00

<b>DOCUMENT #</b> P02000030214			
<b>1. Entity Name</b> WELLINGTON ASSET MANAGEMENT, INC. ✓			
<b>Principal Place of Business</b> 14457 DRAFT HORSE LANE WELLINGTON FL 33414		<b>Mailing Address</b> 14457 DRAFT HORSE LANE WELLINGTON FL 33414	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		<b>4. FEI Number</b> 01-0618337	
		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
FLANAGAN, JOHN 14457 DRAFT HORSE LANE WELLINGTON FL 33414		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>			
SIGNATURE 		DATE	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD O'SULLIVAN FLANAGAN, NOREEN <input type="checkbox"/> Delete 14457 DRAFT HORSE LANE WELLINGTON FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD FLANAGAN, JOHN G <input type="checkbox"/> Delete 14457 DRAFT HORSE LANE WELLINGTON FL 33414	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
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
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
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
<b>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 title empowered.</b>			
<b>SIGNATURE:</b> 		<b>SIGNATURE REQUIRED</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-28-03 561-227-1569 Daytime Phone #	

CFR2E034 (10/02)

Attachment

80127247  
P02000030214

If TRACE SAFE logo in light gray tone is not present on back of document - Do not cash.



THE ELEGANT EQUESTRIAN  
A DIVISION OF J.N.C. ENTERPRISES  
P.O. BOX 3345  
FORT LAUDERDALE, FL 33008

11-95



1448

4-28 4038

63-643/670  
09512

PAY TO THE ORDER OF

FLORIDA DEPARTMENT OF STATE

\$ 150.00

DOLLARS Security features are included inside of each.

VOID

**FIRST UNION**  
First Union National Bank  
Hallandale, Florida  
24 Hour Information Service  
1-800-735-1012

FOR WELLINGTON ASSET MANAGEMENT

