

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90121 029 \*\*\*150.00

**DOCUMENT #** P02000061433

1. Entity Name  
**WELLSPRING MESSAGE, INC.**

Principal Place of Business  
408 E. OCEAN AVENUE  
BOYNTON BEACH FL 33435

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country  
FL 33435 USA

6. Name and Address of Current Registered Agent  
**HEDENDAL, ELLEN C**  
2201 NORTH SWINTON AVENUE  
DELRAY BEACH FL 33444

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]* DATE *6/4/03*

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEDENDAL, ELLEN C 2201 NORTH SWINTON AVENUE DELRAY BEACH FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	722 Manatee Bay Dr. Boynton Bch, FL 33435
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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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. FEIN Number  
020608636

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

7. Name and Address of New Registered Agent

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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]* DATE *6/4/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corrected  
Block 4  
020608636

55049233

CR2034 (10/02)