2003 FOR PROFIT CORPORATION

changed, or on an attachment with an address

SIGNATURE:

Apr 24, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000133587 DOCUMENT # 1. Entity Name 04-24-2003 90224 006 ***150.00 WELLINGTON PROFESSIONAL, INC. Mailing Address Principal Place of Business 201 S BISCAYNE BLVD 201 S BISCAYNE BLVD **८**0033337 SUITE 2000 SUITE 2000 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 1956 5. CLAS Drive S. Club Dr. 1956 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State Welling Du 54-2*0965*75 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent (ampbell AUERBACH, MARC H Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD **SUITE 2000 MIAMI FL 33131** wellung ton 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. the obligations of registered agent. ed agent and title if applicable 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D|P■ Addition TITLE Change ☐ Delete John J. Campbell NAME NAME 19565. Club Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <u>wellington, El</u> Delete TITLE ☐ Change ☐ Addition TITLE NAME Janke a. Campbell NAME STREET ADDRESS 1956 S: Club Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

MRED). Campbell 4/22/03