

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005675

1. Entity Name
WELLINGTON FEED INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90076 018 ***550.00

Principal Place of Business

13066 PIERSON RD
WELLINGTON FL 33414
US

Mailing Address

12948 OKEECHOBEE BLVD.
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address
P.O. BOX 211556

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WEST PALM BEACH, FL

4. FEI Number 65-0715336

Applied For
Not Applicable

Zip

Country

Zip
33421

Country
U.S.A.

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

CASE, JERRY
13066 PIERSON RD.
WELLINGTON FL 33414

Name
Cloutier, Guy
Street Address (P.O. Box Number is Not Acceptable)
4782 121st Terrace North
City Royal Palm Beach, FL Zip 33411

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 Guy Cloutier

President

7/7/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME CASE, JEFF ☒ Delete
STREET ADDRESS 12957 25TH ST.
CITY-ST-ZIP N. LOXAHATCHEE FL 33470

TITLE President ☐ Change ☒ Addition
NAME Cloutier, Guy
STREET ADDRESS 4782 121st Terrace North
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President ☒ Change ☐ Addition
NAME Case, Jeff
STREET ADDRESS 12957 25th Street
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

CR2E034 (\$500)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00

Date

561 792 6692

Daytime Phone #