## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

		200001				ple statement			
OCUMENT # P9700098321						FILED			
WELLINGT(	ON PLACE AT KENSINGTO	N, INC.				02 JUN -5 AM 10: 1:	3		
Principal Place (		Mailing Address 4771 ALBERTON COURT				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
#3502 NAPLES FL 341 US		#3502 NAPLES FL 34105 US							
2. Principal Place of Business 4770 Alberton Court		3. Mailing Address 4770 Alberton Court							
Suite, Apt. #, etc. #2602		Suite, Apt. #, etc. #2602			DO NOT WRITE IN THIS SPACE  Applied For				
City & State Naples, FL		City & State Naples, FL			4. FI	El Number 65-0797255		Applicable	
Zip 34105	Country USA	Zip 34105	Countr USA	у	-		ee Required		
	6. Name and Address of Current Re	egistered Agent	<del>-</del>	Name p a					
BATEMAN, ARTHUR L 4771 ALBERTON COURT #3502				Name Bateman, Arthur L.  Street Address (P.O. Box Number is Not Acceptable) 4770 Alberton Court #2602					
NAPLES FL 34105  8. The above named entity subgrate this statement for the purpose of ch				City Na	oles	FL	Zip Code 341(	0.5	
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 S			0.00	Election Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be I to Fees	
	OFFICERS AND D	1	12.		AC	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	3 IN 11	
TITLE NAME STREET ADDRESS	PD BATEMEAN, ARTHUR L. 4771 ALBERTON COURT #3502	Delete	TITLE NAMI STRE	E ET ADDRESS	PD Batema: 4770 A	n, Arthur L. 1berton Court, #2602 , FL 34105	<b>∑X</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DERSCH, JOYCE 4445 DOVER CT #803 NAPLES FL 34105	☐ Delete			Napies		□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THAT ELD Y G O THOU	☐ Delete				400005824 -087187020 ****150.00	*****1!		
TITLE NAME STREET ADDRESS		☐ Delete					☐ Change	☐ Addition	
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TITLE  NAME  STREET ADDRESS		☐ Delete	CIT	ME REET ADDRESS Y-ST-ZIP			☐ Change		
13. I hereby indicate of the cochange	r certify that the information supplied with d on this report or supplemental report is orporation or the receiver or trusted emp d, or on an attachment with an apparess.	n this filing does not qualify s true and accurate and tha owered to execute this repo with all other like empowers			ed in Section ave the sam pter 607, Flo	in 119.07(3)(i), Florida Statutes. I further one legal effect as if made under oath; that orida Statutes; and that my name appears	ertify that the I am an office in Block 11	information er or director or Block 12 if	