Sent By: LACHER MCDONALD CO; 7273916054; M

FILED
May 14, 2003 8:00 am
Secretary of State
05-14-2003 90132 009 ***660.00

90134192

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061327

1. Entity Name
Club Wellingtonm Inc. D/B/A Daughter On Call

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6499 38th Ave North
Suite, Apt. #, etc.
H-2
City & State
St Petersburg, FL
Zip 33710 Country Pinellas

3. Mailing Address
6499 38th Ave North
Suite, Apt. #, etc.
H-2
City & State
St Petersburg, FL
Zip 33710 Country Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3525737 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Lynn Chalache
Street Address (P.O. Box Number is Not Acceptable)
6499 38th Ave North # H-2
City St Petersburg FL Zip Code 33710

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $160.00
After May 1 Fee is $660.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHALACHE, LYNN 6499 38TH AVE N #H-2 ST PETERSBURG, FL 33710	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T TERRELL, JANE 6499 38TH AVE N #H-2 ST. PETERSBURG, FL 33710	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FLOWERS, LAURA 6499 38TH AVE N #H-2 ST. PETERSBURG, FL 33710	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn Chalache 5/12/03 727-343-0063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STC FL-[illegible]-1