2000 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2000 8:00 am Secretary of State DOCUMENT # **P99000001867** 02-07-2000 90076 047 ***150.00 WELLINGTON FINANCIAL HOLDINGS, INC. Principal Place of Business Mailing Address 12769 W. FOREST HILL BLVD., SUITE E 12769 W. FOREST HILL BLVD.. SUITE E WELLINGTON FL 33414 WELLINGTON FL 33414-4759 A0018254 2. Principal Place of Business 3. Mailing Address 12773 W. Forest Hill Blvd. 12773 W. Forest Hill Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 1201 Suite 1201 City & State City & State 4, FEI Number Applied For Not Applicati 65-0924300 Wellington Wellington, αiΣ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hilda M. Porro Faq. Street Address (P.O. Box Number is Not Acceptable) PORRO, HILDA M ESQ. 12769 W. FOREST HILL BLVD., SUITE E **WELLINGTON FL 33414** 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 (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change TITLE ☐ Delete Johnson, Jenny E. JOHNSON, JENNY E NAME NAME 12773 W. Forest Hill Blvd., Suite 1201 STREET ADDRESS 12769 W. FOREST HILL BLVD., SUITE E STREET ADDRESS CITY-ST-ZIP Wellington, FL 33414 CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Defete Change-TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \Box TITLE ☐ Delete TITI E Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

13. Thereby 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

SIGNATURE:

NATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21,100 (541)379-7626

FILED