

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90277 004 ***158.75

DOCUMENT # P99000043387

1. Entity Name
Wellington Academy, Inc.
Cafe Enterprises, Inc. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12734 Kenwood Lane
Suite, Apt. #, etc.
Suite 39
City & State
Fort Myers
Zip
33907 Country
USA

3. Mailing Address
12734 Kenwood Lane
Suite, Apt. #, etc.
Suite 39
City & State
Fort Myers
Zip
33907 Country
USA

11013856

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0935631

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
Name
Jones, Faye O.
Street Address (P.O. Box Number is Not Acceptable)
12734 Kenwood Lane #39
City
Fort Myers FL Zip Code
33907

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 [Signature] 4-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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	<u>P.D.</u> <u>Jones, Faye O.</u> <u>12734 Kenwood Lane, Ste. 39</u> <u>Fort Myers, FL 33907</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D.</u> <u>Carruthers, C. Cathleen</u> <u>12734 Kenwood Lane, Ste. 39</u> <u>Fort Myers, FL 33907</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 [Signature] Faye O. Jones 4-22-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)