

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90739 047 \*\*\*150.00

0384987 AV

**DOCUMENT # S33258**

1. Entity Name  
**WELLCORP III, INC.**



Principal Place of Business  
**3801 PGA BLVD  
#600  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address *CU Branner Park Es.*  
**\* NOTE NEW ADDRESS \***  
**1500 W Cypress Creek Rd., Ste. 409  
Ft. Lauderdale, FL 33309**



2. Principal Place of Business  
*1500 W. Cypress Creek Rd*  
Suite, Apt. #, etc.  
*Suite 409*  
City & State  
*Fort Lauderdale, FL*

3. Mailing Address  
*Sue Abou*  
Suite, Apt. #, etc.  
City & State

☒ CHECK HERE IF MAKING CHANGES

Zip  
*33309* Country  
*USA*

Zip Country

4. FEI Number **65-0253000**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**REGSERV CORP  
3801 PGA BLVD  
#600  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name  
*Michael E. Schultz*  
Street Address (P.O. Box Number is Not Acceptable)  
*40 Branner Real Estate Group  
1500 W. Cypress Creek Rd #409  
Fort Lauderdale FL 33309*

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

*Michael E. Schultz*  
Signature, typed or printed name of registered agent and title if applicable.

*Michael E. Schultz*  
(NOTE: Registered Agent signature required when reinstating)

*4/28/03*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D- GANDS, DON A</b> <b>3801 PGA BLVD SUITE 600 PALM BEACH GARDENS FL 33410</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D- RENDINA, BRUCE A</b> <b>3801 PGA BLVD SUITE 600 PALM BEACH GARDENS FL 33410</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT Michael E. Schultz</b> <b>2830 Long Meadow Dr. Palm Beach, FL 33414</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael E. Schultz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)