

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S67472

1. Entity Name

WELLINGTON GARDENS & LANDSCAPE, INC.

FILED

02 SEP 30 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008335884--2

-10/11/02--01059--029

*****61.25 *****61.25

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2. Principal Place of Business
13827 Staimford Drive

3. Mailing Address
13827 Staimford Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wellington, FL

City & State
Wellington, FL

4. FEI Number
650274525

Applied For
Not Applicable

Zip
33414

Country
USA

Zip
33414

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Kerry Corneille

Street Address (P.O. Box Number is Not Acceptable)
13827 Staimford Drive

City Wellington FL Zip Code 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D P VP T S
Kerry Corneille
13827 Staimford Drive
Wellington, FL 33414

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/02

561-7935577

Date

Daytime Phone

CR2E0348 (12/01)