FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## Jan 16, 2001 8:00 am **DOCUMENT # 696719 Secretary of State** 1. Entity Name EVERETT H. WELLS D.C., PROFESSIONAL ASSOCIATION 01-16-2001 90059 026 \*\*\*150.00 Mailing Address Principal Place of Business 1251 S. VOLUSIA AVE 1251 S. VOLUSIA AVE ORANGE CITY FL 32763 ORANGE CITY FL 32763 UUUUUUGGU 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2119172 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELLS, EVERETT H. Street Address (P.O. Box Number is Not Acceptable) 2205 PARKVIEW AVE **ORANGE CITY FL 32763** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SRZE034 (10/00) ☐ Change ☐ Addition SV ☐ Delete TITLE TITLE NAME NAME WELLS, JOANNE M STREET ADDRESS STREET ADDRESS 2205 PARKVIEW AVENUE CITY-ST-ZIP CITY-ST-ZIP ORANGE CITY, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME WELLS, EVERETT H STREET ADDRESS STREET ADDRESS 2205 PARKVIEW AVENUE CITY-ST-ZIP CITY-ST-ZIP ORANGE CITY, FL 00000 Ghange - Addition: Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Wells 1-8-01