

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 22 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L9900005617**

1. Entity Name  
**WELLS ENTERPRISE L.L.C.**

Principal Place of Business Mailing Address  
**3414 JAPONICA ROAD  
JACKSONVILLE FLORIDA 32209**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number **59 3604590** Applied For Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CARLTON J. WELLS SR.  
11031 DUVAL ROAD  
JACKSONVILLE FLORIDA 32218**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS / MEMBERS                    |                                 | 10. ADDITIONS / CHANGES |   |
|--|---------------------------------|-------------------------|---|
| TITLE<br><b>President</b>                        | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>CARLTON J. WELLS SR. MGRM</b>         |                                 | NAME                    |   |
| STREET ADDRESS<br><b>11031 DUVAL ROAD</b>        |                                 | STREET ADDRESS          |   |
| CITY-ST-ZIP<br><b>JACKSONVILLE FLORIDA 32218</b> |                                 | CITY-ST-ZIP             |   |
| TITLE<br><b>Vice President</b>                   | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>GWENDOLYN MORDECAI MGR</b>            |                                 | NAME                    |   |
| STREET ADDRESS<br><b>6553 PERRY ST.</b>          |                                 | STREET ADDRESS          |   |
| CITY-ST-ZIP<br><b>JACKSONVILLE FLORIDA 32208</b> |                                 | CITY-ST-ZIP             |   |
| TITLE<br><b>TREASURER</b>                        | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>LILLIAN WELLS-ASBERRY MGRM</b>        |                                 | NAME                    |   |
| STREET ADDRESS<br><b>3200 KINGFISHER DRIVE</b>   |                                 | STREET ADDRESS          |   |
| CITY-ST-ZIP<br><b>DECATUR, GA. 30034</b>         |                                 | CITY-ST-ZIP             |   |
| TITLE<br><b>SECRETARY</b>                        | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>GLORIA WELLS SMITH MGR</b>            |                                 | NAME                    |   |
| STREET ADDRESS<br><b>4929 FREDERICKSBURG AVE</b> |                                 | STREET ADDRESS          |   |
| CITY-ST-ZIP<br><b>JACKSONVILLE FLORIDA 32208</b> |                                 | CITY-ST-ZIP             |   |
| TITLE<br><b>FINANCIAL SECRETARY</b>              | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>SONYA E. WELLS MGR</b>                |                                 | NAME                    |   |
| STREET ADDRESS<br><b>5410 LESTON AVE</b>         |                                 | STREET ADDRESS          |   |
| CITY-ST-ZIP<br><b>JACKSONVILLE FLORIDA 32219</b> |                                 | CITY-ST-ZIP             |   |
| TITLE<br><b>BUSINESS MANAGER</b>                 | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>NORMA WELLS BRICE MGR</b>             |                                 | NAME                    |   |
| STREET ADDRESS<br><b>900 BROWARD ROAD #234</b>   |                                 | STREET ADDRESS          |   |
| CITY-ST-ZIP<br><b>JACKSONVILLE FLORIDA 32218</b> |                                 | CITY-ST-ZIP             |   |

|                       |   |
|-----------------------|---|
| 500003282735-9        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| -06/09/00--01056--011 |   |
| *****50.00 *****50.00 |   |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

Date **4/26/00** Daytime Phone # **(904) 765-4268**

CR2E083 (11/99)