

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005617**

1. Entity Name
WELLS ENTERPRISES L.L.C.

Principal Place of Business
**3414 JAPONICA ROAD
JACKSONVILLE FL 32209**

Mailing Address
**3414 JAPONICA ROAD
JACKSONVILLE FL 32209**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3604570

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

FILED

2001 MAY 10 PM 1:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

**WELLS, CARLTON J SR
11031 DUVAL ROAD
JACKSONVILLE FL 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS, CARLTON J SR 11031 DUVAL ROAD JACKSONVILLE FL 32218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORDECAI, GWENDOLYN W 6553 PERRY STREET JACKSONVILLE FL 32208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS-ASBERRY, LILLIAN 3200 KINGFISHER DRIVE DECATUR GA 30034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, GLORIA W 4929 FREDERICKSBURG AVENUE JACKSONVILLE FL 32208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLS, NICHELLE E 900 BROWARD ROAD #209 JACKSONVILLE FL 32218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRICE, NORMA W 900 BROWARD ROAD #209 JACKSONVILLE FL 32218	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004383811 - Change -06/08/01--01052--003 *****50.00 *****50.00	<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	MGRM Wells, Nichelle E 11031 Duval Rd Jacksonville, FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brice, Norma 2827 Armsdale Rd Jacksonville, FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Nichelle Wells** (Typed Name) **Nichelle Wells** (Signature) **5/1/01** (Date) **904-741-1293** (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

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ADDITIONAL MANAGING MEMBERS

MGRM
DORETHA JONES
3832 MECCA ST
JACKSONVILLE, FL 32209

MGRM
SONYA WELLS
5410 LISTON AVE
JACKSONVILLE, FL 32219

MGRM
BILLY WELLS
5303 CHILVARY DR
JACKSONVILLE, FL 32208

MGRM
BARBARA WELLS
5303 CHILVARY DR
JACKSONVILLE, FL 32208