

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90226 005 \*\*\*\*50.00

**DOCUMENT # L99000005617**

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

**966996**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3414 JAPONICA ROAD JACKSONVILLE FL 32209	Mailing Address 3414 JAPONICA ROAD JACKSONVILLE FL 32209
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-3604570</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>WELLS, CARLTON J SR</b> <b>11031 DUVAL ROAD</b> <b>JACKSONVILLE FL 32218</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MORDECAI, GWENDOLYN W</b> <b>6553 PERRY STREET</b> <b>JACKSONVILLE FL 32208</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>WELLS-ASBERRY, LILLIAN</b> <b>3200 KINGFISHER DRIVE</b> <b>DECATUR GA 30034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SMITH, GLORIA W</b> <b>4929 FREDERICKSBURG AVENUE</b> <b>JACKSONVILLE FL 32208</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>WELLS, NICHELLE E</b> <b>11031 DUVAL RD</b> <b>JACKSONVILLE FL 32218</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BRICE, NORMA W</b> <b>2827 ARMSDALE RD</b> <b>JACKSONVILLE FL 32218</b> <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Jones, Doretha</b> <b>3832 mecca St</b> <b>Jacksonville, FL 32209</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Billie wells, Dr.</b> <b>5303 Chivalry Dr.</b> <b>Jacksonville, FL 32208</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>wells, Edward</b> <b>8014 smart Ave</b> <b>Jacksonville, FL 32219</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Wells, Sonya</b> <b>5410 Liston Ave</b> <b>Jacksonville, FL 32219</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Wells Barbara</b> <b>5303 Chivalry Dr.</b> <b>Jacksonville, FL 32208</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

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* **SIGNATURE REQUIRED**

5/1/02 904-741-1293

CR2E083 (9/01)