

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002096

1. Entity Name

WELL DONE SERVANT INC.

Principal Place of Business

3638 MANOR OAKS DRIVE  
JACKSONVILLE FL 32277

Mailing Address

3638 MANOR OAKS DRIVE  
JACKSONVILLE FL 32277-9707

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

59-3640567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOSNELL, WELDON H  
3638 MANOR OAKS DRIVE  
JACKSONVILLE FL 32277

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDON H. GOSNELL	
STREET ADDRESS	3638 MANOR OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY B. GOSNELL	
STREET ADDRESS	(SAME AS ABOVE)	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG W. GOSNELL	
STREET ADDRESS	2579 BAHIA RD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK B. GOSNELL	
STREET ADDRESS	416 BOTTESFORD DR.	
CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN H. GOSNELL	
STREET ADDRESS	285 PINE ISLAND RD	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2000 904-743-5619

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90069 026 \*\*\*\*61.25