

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000128629

FILED  
May 08, 2003  
Secretary of State

**Entity Name:** WELLS, DUVEL, AND ASSOCIATES DRAFTING, PLANNING AND DEVELOPMENT INC.

**Current Principal Place of Business:**

5301 16TH COURT SOUTH  
ST. PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

4905 34TH STREET SOUTH 115  
ST. PETERSBURG, FL 33712

**New Mailing Address:**

**FEI Number:** 35-2198657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLS, KEVIN S  
5301 16TH COURT SOUTH  
ST. PETERSBURG, FL 33712

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: WELLS, KEVIN S MR.  
Address: 5301 16TH COURT SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: WILLIAMS, JAMES E  
Address: 5301 16TH COURT SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP ( ) Change (X) Addition  
Name: WELLS, WAYNE  
Address: 5301 16TH COURT SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** KEVIN WELLS

P/D

05/08/2003

Electronic Signature of Signing Officer or Director

Date