2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 459609** 1. Entity Name T.E. WELLS & CO. 01-29-2001 90071 034 ***150.00 Principal Place of Business Mailing Address 600 SAGAMORE ROAD 600 SAGAMORE ROAD FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 DIVOU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1573463 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALECEK, JOSEPH E. Street Address (P.O. Box Number is Not Acceptable) 600 SAGAMORE ROAD FT. LAUDERDALE FL 33301 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VD TITLE ☐ Delete ☐ Addition Change NAME WELLS, THOMAS E., JR. NAME STREET ADDRESS STREET ADDRESS **633 SOLAR DRIVE** CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Delete ☐ Change TITLE ☐ Addition NAME WELLS, PRESTON A JR. NAME STREET ADDRESS 600 SAGAMORE ROAD STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33301 CITY_ST-ZIP TITLE Delete TITLE ☐ Addition GIRAUD, PATRICIA O. 11965 S.W. ISTH COURT NAME O'BOYLE, PATRICIA NAME STREET ADDRESS 811 MONTICELLO AVE STREET ADDRESS CITY-ST-ZIP DAVIE, FL. 333YE CITY-ST-7IP **DAVIE FL 33301** TITLE DT ☐ Delete TITLE Change Addition NAME MALECEK, JOSEPH E NAME STREET ADDRESS 818 S. E. 4TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME VAN FLEET, ROBERT STREET ADDRESS 505 MOLA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☑ Delete TITLE ULMER JAMES IRA 818 S.E. 4TH St. Change ☐ Addition NAME JAMES, IRA ULMER NAME STREET ADDRESS 818 SE 4TH ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33301 FT. / ADDED ALE, FL. 3330

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an adviress, with all other like empowered.

SIGNATURE: