

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90031 012 ***150.00

DOCUMENT # 459609

1. Entity Name
T.E. WELLS & CO.



Principal Place of Business
**600 SAGAMORE ROAD
FT. LAUDERDALE FL 33301**

Mailing Address
**600 SAGAMORE ROAD
FT. LAUDERDALE FL 33301**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1573463**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MALECEK, JOSEPH E.
600 SAGAMORE ROAD
FT. LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLS, THOMAS E., JR.	
STREET ADDRESS	633 SOLAR DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLS, PRESTON A JR.	
STREET ADDRESS	600 SAGAMORE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIRAUD, PATRICIA O	
STREET ADDRESS	11965 SW 15TH COURT	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MALECEK, JOSEPH E	
STREET ADDRESS	818 S. E. 4TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VAN FLEET, ROBERT	
STREET ADDRESS	505 MOLA AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ULMER, JAMES I	
STREET ADDRESS	818 SE 4TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Ulmer	
STREET ADDRESS	818 SE 4th St	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

Date

954-461-8689

Daytime Phone #

CR2E034 (10/02)