

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 586027

1. Entity Name

M. WELLS, INC.

Principal Place of Business

5919-27 COMMONWEALTH AVE X
JACKSONVILLE FL 32254
US

Mailing Address

P.O. BOX 7950
JACKSONVILLE FL 32238-0950
US

2. Principal Place of Business

5919-27 COMMONWEALTH

3. Mailing Address

Suite, Apt. #, etc.

City & State

JAX 1

City & State

FL

Zip

32254

Country

DURAH

Zip

Country

4. FEI Number

59-1844716

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WELLS, MICHAEL I
6043 MALCONE LN
JACKSONVILLE FL 32222

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32244

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WELLS, MARION D.	
STREET ADDRESS	5978 110TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WELLS, MICHAEL I	
STREET ADDRESS	6940 OLD MIDDLEBURG RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WELLS, III, CHARLES D.	
STREET ADDRESS	5975 111TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WELLS, PAMELA M	
STREET ADDRESS	6500 OLEASTER CT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD-ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, MICHAEL I.	
STREET ADDRESS	6043 MALCONE LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, PAMELA M.	
STREET ADDRESS	6500 OLEASTER CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
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		

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 address, with all other like empowered.

SIGNATURE: Michael I Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

1-19-2000 904-695-9020

Date

Daytime Phone #

CR2E034 (9/99)