

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90114 024 \*\*\*150.00

**DOCUMENT # 586027**

1. Entity Name  
**M. WELLS, INC.**



Principal Place of Business  
**5919-2 COMMONWEALTH AVE  
JACKSONVILLE FL 32254  
US**

Mailing Address  
**P.O. BOX 7950  
JACKSONVILLE FL 32238-0950  
US**



2. Principal Place of Business

**5919-3 COMMONWEALTH AVE**

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**JACKSONVILLE, FL**

City & State

4. FEI Number

**59-1844716**

Applied For

Not Applicable

Zip

**32254**

Country

**US**

Zip

Country

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 32244**

**7. Name and Address of New Registered Agent**

Name

**MICHAEL I. WELLS**

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

**24685 NW 22ND AVE.**

City

**LAWTEY**

**FL**

Zip Code

**32058**

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 **PDST** ☐ Delete  
NAME **WELLS, MICHAEL I**  
STREET ADDRESS **6043 MALCONE LN**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PDST** ☒ Change ☐ Addition  
NAME **MICHAEL I. WELLS**  
STREET ADDRESS **24685 NW 22ND AVE**  
CITY-ST-ZIP **LAWTEY, FLA. 32058**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: MICHAEL I. WELLS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-03**

Date

**904-695-9020**

Daytime Phone #

CR2E034 (10/02)