

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11755

1. Entity Name

WELLSPRING LIMITED, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90104 026 ***150.00

Principal Place of Business

3579 S ACCESS RD
SUITE F
ENGLEWOOD FL 34224
US

Mailing Address

P O BOX 1925
ENGLEWOOD FL 34295-1925
US

2. Principal Place of Business

1536 McCall Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Englewood

City & State

City & State

FL

Zip

34223

Country

USA

Zip

Country

4. FEI Number

59-2666607

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, DIANE E.
3579 S ACCESS RD
SUITE F
ENGLEWOOD FL 34224

Name DIANE E BROWN

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

1536 McCall Road

City Englewood

FL

Zip Code 34223

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 *Diane E Brown*

DIANE E. BROWN, President 01/13/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME BROWN, DERRICK W.
STREET ADDRESS 3579 S ACCESS RD SUITE F
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete

TITLE CD ☒ Change ☐ Addition
NAME Brown, Derrick W.
STREET ADDRESS 1536 McCall Rd.
CITY-ST-ZIP Englewood FL 34223

TITLE PD
NAME BROWN, DIANE E.
STREET ADDRESS 3579 S ACCESS RD SUITE F
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete

TITLE PD ☒ Change ☐ Addition
NAME Brown, Diane E.
STREET ADDRESS 1536 McCall Rd.
CITY-ST-ZIP Englewood FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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: *Diane E Brown* DIANE E. BROWN 01/13/00 941-460-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)