

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90049 049 ***150.00

DOCUMENT # J11755

1. Entity Name

WELLSPRING LIMITED, INC.

Principal Place of Business

Mailing Address

1536 MCCALL RD
 ENGLEWOOD FL 34223
 US

P O BOX 1925
 ENGLEWOOD FL 34295
 US

610034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

320 PINE GLEN CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2666607

Applied For

Not Applicable

Zip

Country

Zip

Country

34223

USA

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.
1536 MCCALL RD
ENGLEWOOD FL 34223

Name

DIANE E. BROWN

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

320 PINE GLEN CT

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **DIANE E. BROWN** **01/27/01**

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, 2001 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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **BROWN, DERRICK W.**
 CITY-ST-ZIP **1536 MCCALL RD**
ENGLEWOOD FL 34223

☒ Change ☐ Addition
 TITLE **320 PINE GLEN CT.**
 STREET ADDRESS **ENGLEWOOD FL 34223**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BROWN, DIANE E.**
 CITY-ST-ZIP **1536 MCCALL RD**
ENGLEWOOD FL 34223

☒ Change ☐ Addition
 TITLE **320 PINE GLEN CT.**
 STREET ADDRESS **ENGLEWOOD FL 34223**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Delete
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☐ Change ☐ Addition
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☐ Change ☐ Addition
 TITLE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **DIANE E. BROWN** **01/27/01 941.460.0100**

Date

Daytime Phone #

CR2E034 (10/00)