## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2000 8:00 am **DOCUMENT # J44092 Secretary of State** 1. Entity Name JAMES R. WELLS INSURANCE AGENCY. INC. 02-07-2000 90076 001 \*\*\*150.00 Principal Place of Business Mailing Address 2270 DREW ST STE A 2270 DREW ST STE A A0018300 **CLEARWATER FL 33765** CLEARWATER FL 33765-3305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2739257 Not Applicable Zip Country Country **\$8.75** Additional . — -5.-Certificate of Status Desired---- 🔄 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELLS, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 2270 DREW ST STE A **CLEARWATER FL 33765** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Change ☐ Addition ☐ Delete TITLE WELLS, JAMES R. NAME NAME STREET ADDRESS STREET ADDRESS 2270 DREW ST., SUITE A CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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

1/24/00 727-799.4

FILED