

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44092

1. Entity Name

JAMES R. WELLS INSURANCE AGENCY, INC.

Mailing Address

2270 DREW ST STE A
CLEARWATER FL 33765-3305
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

Applied For	
Not Applicable	

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

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

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, 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

\$5.00 May Be
Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

 Delete

☐ Delete☐ Delete☐ Delete

 Delete

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ ...

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date _____

727-799-41

Daytime Phone #