

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90191 023 ***150.00

DOCUMENT # J85568

1. Entity Name

WELLS CROSSING ASSOCIATES, INC.



Principal Place of Business

729 POST STREET
JACKSONVILLE FL 32204
US

Mailing Address

729 POST STREET
JACKSONVILLE FL 32204
US

2. Principal Place of Business

751 Oak Street

3. Mailing Address

751 Oak Street

Suite, Apt. #, etc.

Suite 600

City & State
Jacksonville, Fla

Zip
32204

Country
DUGL

6. Name and Address of Current Registered Agent

SHAW, RALPH L JR.
601 RIVERSIDE AVE.
BLDG II, SUITE 650
JACKSONVILLE FL 32204

Suite, Apt. #, etc.

Suite 600

City & State
Jacksonville, Fla

Zip
32204

Country
DUGL

4. FEI Number

65-0032152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

Name

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

751 Oak Street Suite 600

City

Jacksonville

FL

Zip 32204

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WINSTON, JAMES H.	
STREET ADDRESS	4825 ORTEGA BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAW, RALPH L JR.	
STREET ADDRESS	601 RIVERSIDE AVE., BLDG II, SUITE 650	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	AST	<input type="checkbox"/> Delete
NAME	BROOKS, WILLIAM E.	
STREET ADDRESS	601 RIVERSIDE AVE. BUILDING II, SUITE 650	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAW, RALPH L JR	
STREET ADDRESS	601 RIVERSIDE AVE. BUILDING II SUITE 650	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOPELOUSOS, JOHN	
STREET ADDRESS	1279 KINGSLEY AVE, SUITE 118	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	751 Oak Street Suite 600	
CITY-ST-ZIP	Jacksonville, Fla 32204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	751 Oak Street Suite 600	
CITY-ST-ZIP	Jacksonville, Fla 32204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

904-358-0900

Date

Daytime Phone #

CR2E034 (10/02)