

2001 UNIFORM BUSINESS REPORT (UBR)

0001902 AF

DOCUMENT # L99000000388

1. Entity Name

WELLS BROTHERS CAROLINA, L.L.C.

FILED

01 APR 16 AM 10:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7750 COUNTY ROAD 208
ST. AUGUSTINE FL 32092

Mailing Address

7750 COUNTY ROAD 208
ST. AUGUSTINE FL 32092

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3551036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, RICHARD E
7750 COUNTY ROAD 208
ST. AUGUSTINE FL 32092

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004036761--6
-04/20/01--01122--027
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME WELLS, WILLIAM W
STREET ADDRESS 7750 COUNTY ROAD 208
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE MGR ☐ Delete
NAME WELLS, RICHARD E
STREET ADDRESS 7750 COUNTY ROAD 208
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Richard E. Wells Richard E. Wells

4/10/01

(904) 940-3592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)