

9/8.

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-08-2002 90137 014 ****70.00

DOCUMENT # N01000005741

1. Entity Name

WELL-SPRING PREVENTION, INC.

Principal Place of Business

Mailing Address

18932 BOB-O-LINK DRIVE
MIAMI FL 33015P.O. BOX 5752
MIAMI FL 33014

42989

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-1150580

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROACH, ELAINE
18932 BOB-O-LINK DR
MIAMI FL 33015

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. 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

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **ROACH, ELAINE**
 STREET ADDRESS **PO BOX 5752**
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE **President** ☒ Change ☐ Addition
 NAME **ELAINE ROACH**
 STREET ADDRESS **P.O. Box 5752**
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE **D** ☒ Delete
 NAME **ROACH, ALDYTH**
 STREET ADDRESS **18932 BOB-O-LINK DR**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Marcia Anglin**
 STREET ADDRESS **P.O. Box 5752**
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE **D** ☒ Delete
 NAME **DELAMOTTA, DEBORAH**
 STREET ADDRESS **234 FLAGLER DR**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Owen Matthews**
 STREET ADDRESS **P.O. Box 5752**
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S.** ☒ Change ☐ Addition
 NAME **Aldyth Roach**
 STREET ADDRESS **P.O. Box 5752**
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 supplementary 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

ELAINE ROACH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)