

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000025

1. Entity Name

WELLSPRINGS RESOURCES INTERNATIONAL, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90003 047 ****61.25

Principal Place of Business

1302 SHORELINE DRIVE
 GULF BREEZE FL 32561

Mailing Address

1302 SHORELINE DRIVE
 GULF BREEZE FL 32561

2. Principal Place of Business

324 VALENCIA

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GULF BREEZE, FL

City & State

4. FEI Number

36-4278588

Applied For

Not Applicable

Zip

32561

Country

STATA ROSA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMONSON, BEVERLY J
 1302 SHORELINE DRIVE
 GULF BREEZE FL 32561

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 \$61.25

After September 13, 2000 min. Will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

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\$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	<input type="checkbox"/> Delete
NAME	SIMONSON, BEVERLY J	
STREET ADDRESS	1302 SHORELINE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JANZEN, JEFF	
STREET ADDRESS	301 ANN COURT	
CITY-ST-ZIP	SMYRNA TN 37167	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERHENS, DEE	
STREET ADDRESS	APARTADO #1407, PUERTA PIRHU, VENZUELA	
CITY-ST-ZIP	ANZOATEGUL, 6022	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOBBS, SHARON	
STREET ADDRESS	151 THOMAS JEFFERSON	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RATLIFF, MICHAEL	
STREET ADDRESS	P.O. BOX 50257 N/A	
CITY-ST-ZIP	COLORADO SPRINGS CO 80949-0257	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORI Lee Cugati	
STREET ADDRESS	324 Valencia St	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dee Mehrens	
STREET ADDRESS	1022 Tanglebriar	
CITY-ST-ZIP	Scabrook, Texas 77586	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 28, 2000 850-916-7297

Date

Daytime Phone #