

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90086 003 \*\*\*150.00

**DOCUMENT # P00000052827**

1. Entity Name

EZ SOFTWARE AND SPECIALTIES, INC.

Principal Place of Business

506 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL

Mailing Address

506 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL

2. Principal Place of Business

5628 CYPRESS GARDENS BLVD

3. Mailing Address

5628 CYPRESS GARDENS BLVD

Suite, Apt. #/etc.

Suite, Apt. #/etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER HAVEN, FLORIDA

City & State

WINTER HAVEN, FLORIDA

4. FEI Number

59-3646207

Applied For

Not Applicable

Zip

Country

33884

POLK

Zip

Country

33884

POLK

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

WELLS, BILL

506 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL

Name

WELLS, LUCKY B.

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

5628 CYPRESS GARDENS BLVD.

City

WINTER HAVEN

FL

Zip Code

33884

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

LUCKY B. WELLS President

LUCKY B. WELLS

1-3-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME WELLS, LUCKY B  
STREET ADDRESS 685 AVENUE M, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

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

TITLE VD  
NAME EVANS, JAMES JR.  
STREET ADDRESS 100 MAYFAIR PLACE, SW  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LUCKY B. WELLS

1-3-01

(863) 326-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)