

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90006 033 \*\*\*150.00

DOCUMENT # 900000 112278  
 1. Entity Name  
Wellspring Technologies, Inc. ✓

Principal Place of Business Mailing Address  
19902 NE 19 Ct.  
N. Miami Beach, FL. 33179

**C0070918**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number 65-1066560  
 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  
REGISTERED  
K+G & S Agent Corporation  
100 SE Second Street, 2nd  
Miami, Florida 33131

7. Name and Address of New Registered Agent  
 Name Michelle Wolfe  
 Street Address (P.O. Box Number is Not Acceptable)  
19902 N.E. 19th Court  
 City N. Miami Beach FL Zip Code 33179

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 Michael [Signature] Pres DATE 5/25/01  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Jodi Most</u> <u>3535 Magellan Circle #526</u> <u>Aventura Florida 33190</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary/Treasurer</u> <u>Michelle Wolfe</u> <u>19902 NE 19th Ct.</u> <u>N. Miami Beach, Florida 33179</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Michelle Wolfe DATE: 5/25/01 TELEPHONE: 305-933-4055  
Signature, Typed or Printed Name of Signing Officer or Director Date Telephone

CR2E034 (11/00)