

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90173 010 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000035864			
1. Entity Name CHERYL WELLS-MOELLER, P.A.			
Principal Place of Business 6600 CYPRESS RD UNIT 305 BLDG 2 PLANTATION, FL 33317		Mailing Address 6600 CYPRESS RD UNIT 305 BLDG 2 PLANTATION, FL 33317	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0644520		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent WELLS-MOELLER, CHERYL 6600 CYPRESS RD UNIT 305 BLDG 2 PLANTATION, FL 33317			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when submitting)			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	WELLS-MOELLER, CHERYL		
STREET ADDRESS	6600 CYPRESS RD UNIT 305 BLDG 2		
CITY-ST-ZIP	PLANTATION, FL 33317		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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			
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)(1), 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 10 or Block 11 (I changed, or on an attachment with an address, with all other like empowered).			
SIGNATURE: <i>Cheryl Wells-Moeller</i>		5/5/03 (954) 585-3858	

May 5, 2003

Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

Re: Uniform Business Report

To Whom It May Concern:

My name is Cheryl Wells-Moeller and I am sending this letter to you to plead with you to please waive the late fee for the filing of this report. This is my first year to have to do this, I thought my accountant was doing the filing because he did my first one and I have not received any notices from the Division of Corporations. But I just found out that I was supposed to do it. If you could find it within your hearts to waive the late fee just this one time I promise it will never happen again.

Thanking you in advance for your consideration.

Cheryl Wells-Moeller