2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000042388

Entity Name: J.D. WELLS AUTO SALES, INC.

FILED Apr 24, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

541511 U.S. HWY 1 SOUTH 541511 U.S. HWY 1 SOUTH HILLIARDS, FL 32046 HILLIARD, FL 32046

Current Mailing Address: New Mailing Address:

P.O. BOX 252 P.O. BOX 734 HILLIARDS, FL 32046 P.O. BOX 734 CALLAHAN, FL 32011

FEI Number: 01-0667341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WELLS, J.D. SR. FRAN'S TAX SERVICE, INC. 37043 EASTWOOD ROAD 1499 S KINGS ROAD HILLIARD, FL 32046 US CALLAHAN, FL 32011 US

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: FRANCES M. CAUDLE 04/24/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 WELLS, J.D. SR
 Name:
 WELLS, J.D. SR

 Address:
 P.O. 252
 Address:
 P.O. BOX 252

Address: P.O. 252 Address: P.O. BOX 252
City-St-Zip: HILLIARDS, FL 32046 City-St-Zip: HILLIARD, FL 32046

 Name:
 WELLS, J.D. JR

 Address:
 P.O. 252

 City-St-Zip:
 HILLIARDS, FL 32046

 Results of the control of the control

Title: PS () Delete Title: () Change () Addition

 Name:
 WELLS, JAMES D
 Name:

 Address:
 PO BOX 252
 Address:

 City-St-Zip:
 HILLIARD, FL 32046
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JD WELLS SR PRES 04/24/2003