

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049512

1. Entity Name

WELLS ENTERPRISES OF NORTH FLORIDA, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90003 022 ***150.00

0040313

Principal Place of Business 3010 SW ARCHER RD GAINESVILLE FL 32608 US	Mailing Address 3010 SW ARCHER RD GAINESVILLE FL 32608 US
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001100

2. Principal Place of Business 3026 NW 23 RD DRIVE Suite, Apt. #, etc.	3. Mailing Address 3026 NW 23 RD DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State GAINESVILLE, FL	City & State GAINESVILLE, FL	4. FEI Number 59-3263885	Applied For <input type="checkbox"/> Not Applicable
Zip 32605	Country US	Zip 32605	Country US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WELLS, ROYCE J 3026 NW 23RD DRIVE GAINESVILLE FL 32605	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 R. Wells Pres 3/25/01
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 NAME STREET ADDRESS CITY-ST-ZIP	ST WELLS, SUE C 3026 NW 23RD DR GAINESVILLE FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: R. Wells 3/25/01 352-377-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)