

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90225 049 ***150.00

DOCUMENT # P94000063987

1. Entity Name

WELLS FARGO FINANCIAL ACCEPTANCE FLORIDA, INC.

#15291

Principal Place of Business

**206 8TH STREET
 DES MOINES IA 50309
 US**

Mailing Address

**206 8TH STREET
 DES MOINES IA 50309
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0578935**

Applied For

Not Applicable

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

DRUMHELLER, J.F.

~~NORWEST FINANCIAL INC.~~
**250 INTERNATIONAL PKWY., STE. 146
 HEATHROW FL 32746**

Name

Drumheller, J.F.

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

250 International Parkway, Suite 146

City

Heathrow

FL

Zip Code

32746

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

April 16, 2001

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

**PD
 WAGNER, STEVE R
 206 EIGHTH ST
 DES MOINES IA 50309**

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME

**VPD
 POETTING, GARY M
 206 EIGHTH ST
 DES MOINES IA 50309**

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME

**VP
 WIELAND, DENISE A
 206 EIGHTH ST
 DES MOINES IA 50309**

☒ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
 NAME

**VP
 VOS, RONALD D
 206 EIGHTH ST
 DES MOINES IA 50309**

☒ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
 NAME

**SD
 KUNZ, FAYE L
 206 EIGHTH ST
 DES MOINES IA 50309**

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME

**T
 MATERA, MICHAEL J
 206 EIGHTH ST
 DES MOINES IA 50309**

☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

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:

[Signature]

Vice President

4/16/01

(515) 557-7502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)