

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074820

1. Entity Name

WE'RE TOGETHER, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90100 043 ***150.00

Principal Place of Business Mailing Address
19 ELLINGTON DRIVE 19 ELLINGTON DRIVE
PALM COAST FL 32164 PALM COAST FL 32164-6248

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

NELSON, KENNETH T
15 BEECHWOOD LANE
PALM COAST FL 32137

Name NELSON, KENNETH T.
Street Address (P.O. Box Number is Not Acceptable)
19 ELLINGTON DR.
PALM COAST,
City FL Zip Code 32164

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

Kenneth T. Nelson
(NOTE: Registered Agent signature required when reinstating)

1/25/00
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, 2000 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 PD
NAME NELSON, KENNETH T
STREET ADDRESS 15 BEECHWOOD LANE
CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

TITLE PD
NAME NELSON, KENNETH T.
STREET ADDRESS 19 ELLINGTON DR
CITY-ST-ZIP PALM COAST FL 32164 ☒ Change ☐ Addition

TITLE VSTD
NAME NELSON, J L
STREET ADDRESS 15 BEECHWOOD LANE
CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

TITLE VSTD
NAME J L NELSON
STREET ADDRESS 19 ELLINGTON DR
CITY-ST-ZIP PALM COAST FL 32164 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Kenneth T. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #