

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033042

1. Entity Name

MAXWELL W. WELLS, JR., P.A.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90013 033 ***550.00

Principal Place of Business

105 E ROBINSON ST
ORLANDO FL 32801

Mailing Address

105 E ROBINSON ST
ORLANDO FL 32801

2. Principal Place of Business

14 E. WASHINGTON ST

3. Mailing Address

Suite, Apt. #, etc.

Suite 600

City & State

Orlando FL

City & State

Zip

32801

Country

USA

Country

4. FEI Number

59-3371949

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, MAXWELL W JR
105 E ROBINSON ST
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

MAXWELL W. WELLS JR

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

14 E. WASHINGTON ST. #600

City

Orlando

FL

Zip Code

32801

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/11/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME WELLS, MAXWELL W JR
STREET ADDRESS 105 E ROBINSON ST
CITY-ST-ZIP ORLANDO FL 32801

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/00 407-422-8250

CR2E034 (3/00)