

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

WELLNET RESOURCES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90095 015 ***150.00

Principal Place of Business

Mailing Address

1215 N. Palm Avenue
Sarasota FL 34236

P.O. Box 2303
Sarasota FL 34230-2303

2. Principal Place of Business

3. Mailing Address

1800 Ben Franklin Drive
Suite, Apt. #, etc.

1800 Ben Franklin Drive
Suite, Apt. #, etc.

#B906

#B906

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Zip

Country

Country

34236

34236

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Caswell & Harris, P.A.
1215 N. Palm Avenue
Sarasota FL 34236

Name
Christopher K. Caswell
Street Address (P.O. Box Number is Not Acceptable)
Christopher K. Caswell, P.A.
2364 Fruitville Road
City
Sarasota FL Zip Code
34237

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	Faith Hancock	
STREET ADDRESS	c/o 1215 N. Palm Avenue	
CITY-ST-ZIP	Sarasota FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faith Hancock Simolari	
STREET ADDRESS	1800 Ben Franklin Drive, #B906	
CITY-ST-ZIP	Sarasota FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

FAITH SIMOLARI 401 8480412
4/10/00 941 3883119
Daytime Phone #

CRZE034 (9/99)