FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

Feb 06, 2002 8:00 am Secretary of State DOCUMENT # P97000013080 1. Entity Name 02-06-2002 90036 007 ***150.00 RICHARD W. WELLS COMPANY, INC. Principal Place of Business Mailing Address 737 HAMPTON WOODS LANE SW .BUULUA - -737 HAMPTON WOODS LANE SW VERO BEACH FL 32962 VERO BEACH FL 32962 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-1333807 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WELLS, RICHARD W JR Street Address (P.O. Box Number is Not Acceptable) 737 HAMPTON WOODS LANE SW VERO BEACH FL 32962 Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Change ☐ Addition CR2E034 (9/01 ☐ Delete TITLE TITLE NAME NAME WELLS, RICHARD W JR STREET ADDRESS 737 HAMPTON WOODS LANE SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32962 ☐ Change Addition ☐ Delete TITLE VPC: NAME WELLS, ANN L STREET ADDRESS STREET ADORESS 737 HAMPTON WOOD LN SW CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32962 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in