## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 08:00 AM DOCUMENT # P9700058380 1. Entity Name **Secretary of State** J.P. WELLS CORPORATION Principal Place of Business Mailing Address P. O. BOX 292232 P. O. BOX 292232 TEMPLE TERRACE FL TEMPLE TERRACE FL33617 33617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3465690 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELLS JON LEVITT 16122 15TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) 28821 BENNINGTON DRIVE FL33549 US City Zip Code ZEPHYRHILLS 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. BEVERLY W. LEVITT 04/23/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 T/S TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition BEVERLY MAME LEVITT NAME 28821 BENNINGTON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33544 CITY-ST-ZIP ☐ Delete PD TITLE PD X Change NAME WELLS JON NAME WELLS JON P STREET ADDRESS 16122 15TH ST. NORTH STREET ADDRESS P.O. BOX 14149 CITY-ST-ZIP LUTZ FL 33549 CITY-ST-ZIP LOUIVILLE KY 40214 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 if changed, or on an attachment with an address, with all other like empowered.

04/23/2001

Daytime Phone #

Date

Beverly W. Levitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_