

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000092461****1. Entity Name**
WELLINGS NISSAN, INC.**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90013 016 ***150.00

Principal Place of Business**4405 US HIGHWAY ONE**
FT. PIERCE FL 34954**Mailing Address****4405 US HIGHWAY ONE**
FT. PIERCE FL 34954**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0882272**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****WATKINS, HALEY A**
SUITE 3000, ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **P** ☐ Delete
NAME **WELLINGS, CHARLES JR**
STREET ADDRESS **541 MEADOW BROOK DR.**
CITY-ST-ZIP **RICHMOND IN 47374****TITLE** **VP** ☒ Delete
NAME **BARRETT, JOHN**
STREET ADDRESS **4949 NORTH A1A**
CITY-ST-ZIP **FORT PIERCE FL 34950****TITLE** **S** ☒ Delete
NAME **WELLINGS, CHRIS**
STREET ADDRESS **136 LAKENLEN DRIVE**
CITY-ST-ZIP **EATON OH 34950****TITLE** **S** ☐ Delete
NAME **WELLINGS, CHRIS**
STREET ADDRESS **136 LAKENLEN DR.**
CITY-ST-ZIP **EATON OH 45320****TITLE** **T** ☐ Delete
NAME **WELLINGS, CRAIG**
STREET ADDRESS **1495 CENTERVILLE ROAD**
CITY-ST-ZIP **CENTERVILLE IN 47330****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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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

Date

Daytime Phone #

CR2E034 (10/00)