

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026182

1. Entity Name

WELLS & ASSOCIATES COUNSELING CONSULTANTS, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90015 015 ***150.00

Principal Place of Business

351 S. CYPRESS RD., STE. 310
 POMPANO BEACH FL 33060

Mailing Address

351 S. CYPRESS RD., STE. 310
 POMPANO BEACH FL 33060-7166

(same)

2. Principal Place of Business

351 S. Cypress Rd #310

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Pompano FL

City & State

Zip
 33060

Country
 Broward

Zip

Country
~~USA~~

4. FEI Number

(EID)
 65-0910547

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, BETTE E
 351 S. CYPRESS RD., STE. 310
 POMPANO BEACH FL 33060

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 WELLS, BETTE E
 351 S. CYPRESS RD., STE. 310
 POMPANO BEACH FL 33060 ☐ Delete

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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:

Bette E Wells
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) Phone 9412340
 April 26, 2000
 Date Daytime Phone #

CR2E034 (9/99)