

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90068 047 ***150.00

DOCUMENT # P99000026182

1. Entity Name

WELLS & ASSOCIATES COUNSELING CONSULTANTS, INC.

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**

2. Principal Place of Business

**6245 N. Federal Hwy
 Suite, Apt. #, etc.
 1st Union Bank Bldg. #201
 City & State
 Ft. Lauderdale, FL
 Zip
 33308
 Country
 Broward**

3. Mailing Address

**6245 N. Federal Hwy
 Suite, Apt. #, etc.
 1st Union Bank Bldg. #201
 City & State
 Ft. Lauderdale, FL
 Zip
 33308
 Country
 Broward**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0910547**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Wells, Bette Evans**
 Street Address (P.O. Box Number is Not Acceptable)
3409 Deer Creek Alba Way
 City **Deerfield Beh., FL** Zip Code **33442**

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] **April 17, 02**
 (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	WELLS, BETTE E
STREET ADDRESS	351 S. CYPRESS RD., STE. 310
CITY-ST-ZIP	POMPANO BEACH FL 33060
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bette Evans Wells
STREET ADDRESS	3409 Deer Creek Alba Way
CITY-ST-ZIP	Deerfield Beh., FL 33442
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	
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bette Evans Wells April 17, 02
 Date Daytime Phone #

CR2E034 (9/01)