

2000 UNIFORM BUSINESS REPORT (UBR)

2/16/00-90023-040-\$150.00-\$150.00

DOCUMENT # P99000073989

1. Entity Name

WELLENS & COMPANY, INC.

Principal Place of Business

Mailing Address

17890 W. DIXIE HWY., APT. 501
MIAMI FL 33160

17890 W. DIXIE HWY., APT. 501
MIAMI FL 33160-4825

2. Principal Place of Business

3. Mailing Address

575 E. Central Ave 575 E. Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Haven FL

Winter Haven, FL

Zip 33880

Country USA

Zip 33880

Country USA

4. FEI Number

65-0948112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLENS, TATIANA A
17890 W. DIXIE HWY., APT. 501
MIAMI FL 33160

Name TATIANA A. WELLENS

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

575 E. Central Ave

City Winter Haven

FL

Zip Code 33880

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 ☐ Delete
NAME D
STREET ADDRESS WELLENS, TATIANA A
CITY-ST-ZIP 17890 W. DIXIE HWY., APT. 501
MIAMI FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Wellens REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/00

FILED
00 MAR 16 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

SP