

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 24 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073989

1. Entity Name

WELLENS & COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 6TH STREET N.W.

Suite, Apt. #, etc.

3. Mailing Address

101 6TH STREET N.W.

Suite, Apt. #, etc.

100008021981--8  
-09/25/02--01071--011  
\*\*\*\*300.00 \*\*\*\*300.00

DO NOT WRITE IN THIS SPACE

City & State  
WINTER HAVEN

City & State  
WINTER HAVEN

4. FEI Number  
650948112

Applied For  
Not Applicable

Zip

Country

Zip

Country

33881

UNITED STATES

33881

UNITED STATES

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

TATIANA A. WELLENS

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

101 6TH STREET N.W.

City

WINTER HAVEN

FL

Zip Code  
33881

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIRECTOR  
TATIANA A. WELLENS  
101 6TH STREET N.W.  
WINTER HAVEN, FLORIDA 33881

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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)(f), 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 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 #

CR2E034B (12/01)