

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90065 020 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

V 71632

Kathleen Wells, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3776 HWY 100

3. Mailing Address

P.O. Box 711

Suite, Apt. #, etc.

Keystone Hgts

Suite, Apt. #, etc.

City & State

FL 32656

City & State

Keystone Hgts, FL

4. FEI Number

59-3145881

Applied For

Not Applicable

Zip

Country

U.S. A.

Zip

Country

32656

U.S. A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Kathleen O. Wells Inc.

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

3776 HWY 100

Keystone Hgts FL

City

FL

Zip Code

32656

**DO NOT WRITE  
IN THIS SPACE**

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: Kathleen O. Wells

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-13-02

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

P.  
Kathleen O. Wells  
3776 HWY 100  
K. H. FL 32656

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen O. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02 352 473-0890

Date

Daytime Phone #

CR2E034B (12/01)