FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 21, 2002 8:00 am **Secretary of State** J25070 DOCUMENT # 1. Entity Name 01-21-2002 90017 032 ***158.75 B & B WELL DRILLING, INC. Principal Place of Business Mailing Address % RICHARD, BEAZLEY H., I % RICHARD, BEAZLEY H., I-1670 N. NOVA ROAD 1670 N. NOVA ROAD DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2701318 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEAZLEY, RICHARD H I Street Address (P.O. Box Number is Not Acceptable) 56349 HICKORY RD ASTOR FL 32102 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) TITLE TITLE Delete Addition BEAZLEY, RICHARD H I NAME NAME 56349 HICKORY RD STREET ADDRESS 56405 Hickory Rd. STREET ADDRESS ASTOR FL 32102 CITY-ST-ZIP CITY-ST-7(P Astor_FL_32102 TITLE 🔀 Change Delete. ☐ Addition NAME BEAZLEY, WANDA NAME 56349 HICKORY RD 56405 Hickory Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ASTOR FL CITY-ST-ZIP FL32102 Aster TITLE VP ---TITLE ☐ Delete □ Change Addition BEAZLEY-RICHARD H II NAME NAME STREET ADDRESS 13790 CARRICK DR STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition BEAZLEY, CLAYTON E I NAME NAME 1670 NINOVA RD STREET ADDRESS STREET ADDRESS 1670 N. Neva Read CITY-ST-ZIP Daytona Beach FL 32117 CITY-ST-ZIP TITLE ☐ Delete 🤃 TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.