

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90029 006 ***150.00

DOCUMENT # K32705

1. Entity Name
HUSS DRILLING, INC.

Principal Place of Business C/O HUSS, KELLY, M. P.O. BOX 470 DADE CITY FL 33526 US	Mailing Address C/O HUSS, KELLY, M. P.O. BOX 470 DADE CITY FL 33526 US
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713083



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 105B Suite, Apt. #, etc. San Antonio, FL City & State	3. Mailing Address P.O. Box 105B Suite, Apt. #, etc. San Antonio, FL City & State
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4. FEI Number **59-2933134** Applied For Not Applicable

Zip 33576 Country	Zip 33576 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent HUSS, KELLY M 35920 STATE RD. 52 52 DADE CITY FL 33526 33525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 35920 State Rd. 52 City Dade City FL Zip Code 33525
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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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPTS HUSS, KELLY M 16426 JESSAMINE RD 35920 State Rd 52 DADE CITY FL 33523 33525	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROXTON, MICHAEL E 35920 STATE RD 52 DADE CITY FL 33526	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kelly M. Huss **Kelly M. HUSS** **1-3-01** **(352) 567-9500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02/11/01

CR2E034 (10/00)