2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000102249 Feb 15, 2000 8:00 am **Secretary of State** AMERICAN DRILLING SERVICES, INC. 02-15-2000 90062 035 ***150.00 Mailing Address Principal Place of Business 405 SW 2ND STREET 405 SW 2ND STREET OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE uite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 105-09 Not Applicable \$8.75, Additional. 5.-Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DE CARLO, FRANK Street Address (P.O. Box Number is Not Acceptable) 405 SW 2ND STREET OKEECHOBEE FL 34974 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME DE CARLO, FRANK NAME STREET ADDRESS STREET ADDRESS 8062 N.W. 114TH TRAIL CITY-ST-ZIP CITY-ST-ZIE **OKEECHOBEE FL 34972** ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-5-4 ·CITY-ST-ZIP ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change · ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITI F 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #