

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073302

1. Entity Name

INDEPENDENT DRILLING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90048 013 ***158.75

Principal Place of Business

105 COASTLINE RD.
SANFORD FL 32771

Mailing Address

105 COASTLINE RD.
SANFORD FL 32771-6629

2. Principal Place of Business

412 Takoma Street

Suite, Apt. #, etc.

3. Mailing Address

412 Takoma street

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

US

Zip

32811

Country

US

4. FEI Number

59-3590861

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOONS, WILLIAM P
412 TAKOMA STREET
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	President			
	William P Koons	412 Takoma street	Orlando, FL 32811	
	Secretary			
	Nicolas Andreyev	5380 Doepwoods Court	Sanford, FL 32771	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

407-947-8927

Daytime Phone #

CR2E034 (9/99)