2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 430999 May 08, 2000 8:00 am Secretary of State **BUFKIN WELL DRILLING COMPANY** 05-08-2000 90101 046 ***150.00 Mailing Address Principal Place of Business 3210 S.W. 106TH AVENUE 3210 S.W. 106TH AVENUE MIAMI FL 33165-3602 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1434326 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUFKIN, CYRIL H. Street Address (P.O. Box Number is Not Acceptable) 3210 S.W. 106TH AVENUE MIAMI FL 33165 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** 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F PD □ Delete TITLE BUFKIN, CYRIL H. NAME NAME STREET ADDRESS STREET ADDRESS 3210 S.W. 106TH AVENUE CITY-ST-ZIP CITY-ST-7IP MIAMI FL Change ☐ Addition ☐ Delete TITLE STD TITLE BUFKIN, LINDA L. NAME STREET ADDRESS STREET ADDRESS 3210 S.W. 106TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ---☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE - Date Dayling Phone #