

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90921 028 \*\*\*150.00

**DOCUMENT # 465226**

1. Entity Name  
**PARTRIDGE WELL DRILLING COMPANY, INC.**



Principal Place of Business  
**3233 HWY 17 SOUTH  
ORANGE PARK FL 32003  
US**

Mailing Address  
**3233 HWY 17 SOUTH  
ORANGE PARK FL 32003-7115  
US**



2. Principal Place of Business  
**4744 COLLINS ROAD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**ORANGE PARK FL**

City & State

4. FEI Number **59-1564237**

Applied For  
Not Applicable

Zip **32073-2023** Country **DUVAL**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**PARTRIDGE, DONAL MERRITT, JR.  
4744 COLLINS ROAD  
ORANGE PARK FL 32073**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete  
NAME **ALDERSON LINDA LOUISE**  
STREET ADDRESS **18886 OSPREY BLUFF BLVD**  
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **VP** ☐ Delete  
NAME **PARTRIDGE, MARGARET BLK**  
STREET ADDRESS **3233 HWY 17 S**  
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **PD** ☐ Delete  
NAME **PARTRIDGE JR DONAL MERRITT**  
STREET ADDRESS **3125 CREIGHTON FOREST RD**  
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **PART** ☐ Delete  
NAME **RIDGE, DONAL MERRITT**  
STREET ADDRESS **60 OLD HARD ROAD**  
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **D** ☐ Delete  
NAME **SOHA, DIANE**  
STREET ADDRESS **2120 FLINTLOCK CT**  
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** ☐ Delete  
NAME **PARTRIDGE, MARGARET BLK**  
STREET ADDRESS **3233 HWY 17 S**  
CITY-ST-ZIP **ORANGE PARK, FL 0 32003**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Margaret B. Partridge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARGARET B**  
**PARTRIDGE**

**4-11-2003**  
Date

**904.269-1333**  
Daytime Phone #

CR2E034 (10/02)