

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90019 023 ***150.00

DOCUMENT # 492427

1. Entity Name

CENTRAL FLORIDA WELL DRILLERS, INC.

Principal Place of Business

Mailing Address

**3720 N. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32804**

**3720 N. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32804-2701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City, & State

4. FEI Number

59-1635347

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, DAVID A
 3720 N. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32804**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEWART, DAVID A.	
STREET ADDRESS	3720 N ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEWART, GEORGE H.	
STREET ADDRESS	3720 N ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STEWART, JOHN	
STREET ADDRESS	3720 N. ORANGE BLOSSOM	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, name, or other like empowered.

SIGNATURE: David A. Stewart, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 2000

Date

407-293-7381

Daytime Phone #

CR2E034 (9/99)