

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 667227

1. Entity Name

DOC FAISON WELL DRILLING & EQUIPMENT, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90028 014 ***150.00

Principal Place of Business
U.S. HWY. 90 EAST
P.O. DRAWER 400
BONIFAY, FL 32425

Mailing Address
U.S. HWY. 90 EAST
P.O. BOX 66
BONIFAY FL 32425

A0006487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3271 Hwy 90 East
Suite, Apt. #, etc.
City & State
Bonifay, FL
Zip
32425
Country
US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-1994140
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FAISON, W.C.
HIGHWAY 90 EAST
BONIFAY FL 32425

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 W. C. Faison DATE 1-11-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	FAISON, W.C.	
STREET ADDRESS	P.O. BOX 66	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAISON, GLORIA YVONNE	
STREET ADDRESS	P.O. BOX 66	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Gloria Yvonne Faison DATE 1-11-01 DAYTIME PHONE # 850-547-3630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0464889

CR2E034 (10/00)