

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813528

1. Entity Name

SAYBOLT INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90026 027 \*\*\*158.75

Principal Place of Business

5295 HOLLISTER  
TAX DEPT  
HOUSTON TX 77040  
US

Mailing Address

5295 HOLLISTER  
TAX DEP  
HOUSTON TX 77536-4026  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

77040

Country

4. FEI Number

13-5674470

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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          | P                 | <input type="checkbox"/> Delete |
| NAME           | DAVIS, MONTY C    |                                 |
| STREET ADDRESS | 5295 HOLLISTER RD |                                 |
| CITY-ST-ZIP    | HOUSTON TX 77040  |                                 |
| TITLE          | T                 | <input type="checkbox"/> Delete |
| NAME           | BERGMARK, RICHARD |                                 |
| STREET ADDRESS | 5295 HOLLISTER RD |                                 |
| CITY-ST-ZIP    | HOUSTON TX 77040  |                                 |
| TITLE          | S                 | <input type="checkbox"/> Delete |
| NAME           | DENSON, JOHN D    |                                 |
| STREET ADDRESS | 5295 HOLLISTER RD |                                 |
| CITY-ST-ZIP    | HOUSTON TX 77040  |                                 |
| TITLE          | D                 | <input type="checkbox"/> Delete |
| NAME           | DEMSHUR, DAVID    |                                 |
| STREET ADDRESS | 5295 HOLLISTER RD |                                 |
| CITY-ST-ZIP    | HOUSTON TX 77040  |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

|                |                |  |
|----------------|----------------|--|
| TITLE          | P              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Monty L. Davis |  |
| 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:

Monty L. Davis 1/11/2000 713 460-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)