

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # F33330

1. Entity Name

CHANDLERS WELL DRILLING, INC

FILED

02 SEP 12 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

480 E CRISAFULLI RD

3. Mailing Address

480 E CRISAFULLI RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

4. FEI Number

59-2096068

Applied For

Not Applicable

Zip

32953

Country

US

Zip

32953

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES C. CHANDLER, JR

Street Address (P.O. Box Number is Not Acceptable)

480 E CRISAFULLI RD

City

MERRITT ISLAND

FL

Zip Code

32953

DO NOT WRITE  
IN THIS SPACE

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

Charles C. Chandler

(NOT Registered Agent signature required when reinstating)

9-9-02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSO  
CHARLES C. CHANDLER, JR  
480 E. CRISAFULLI RD  
MERRITT ISLAND, FL 32953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900007809909--1  
-09/17/02--01074--013  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
RHONDA CHANDLER  
480 E. CRISAFULLI RD  
MERRITT ISLAND, FL 32953

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles C. Chandler

9-9-02

Date

Cell 431-9469  
321-452-4579

Daytime Phone #

CR2E034B (12/01)