## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # F35014**

YOUNG'S WELL DRILLING, INC.

Principal Place of Business Mailing Address 2180 ORANGE BLVD. 2180 ORANGE BLVD. SANFORD FL 32771-9595 SANFORD FL 32771 2.

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## Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90058 023 \*\*\*150.00



2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Addres	es			
		Suite, Apt. #, et	ic.	DO NOT WRITE IN THIS SPACE		
		City & State		4. FEI Number 59-2087042 Applied For Not Applicable		
Zip	Country	Zip	Country	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		
2180 0	6, BILLY JOE PRANGE BLVD. RD FL 32771		Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	•	,	City	, FL Zip Code		
	med entity submits this statement	for the purpose of char	nging its registered office or	r registered agent, or both, in the State of Florida.		
SIGNATURE	nature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered Agent signatu	ture required when reinstating) DATE		
•	ion is eligible to satisfy its Intangib uirement and elects to do so.	•	NOW!!! FEE IS \$150.0 AY 1, 2000 Fee will be \$5	I 10. Election Campaign Financing 3.5 (11) May Re		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **VPST** Addition Delete TITLE TITLE YOUNG, BILLY JOE NAME NAME 2180 ORANGE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD FL CITY-ST-ZIP Addition ☐ Delete TITLE Young Sie-YOUNG, STEVEN NAME Place 656 W. CADILLAC STREET ADDRESS STREET ADDRESS Sanford, FL 32771 ALTAMONTE SPGS. FL 00000 CITY-ST-ZIP CITY-ST-ZIP Feeley, James \_\_ Change\_ MAddition Delete TITLE TITLE BURK, MIKE E NAME NAME Earl St. STREET ADDRESS STREET ADDRESS 940 MAYTOWN RD Daytona Beach, FL 32118 CITY-ST-ZIP CITY-ST-ZIP OSTEEN FL 32764-0208 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

Make Check Payable to Department of State

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

(See criteria on back)

Daytime Phone #