

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003733

1. Entity Name

HYDRAULIC WELL CONTROL, INC.

FILED

00 APR 26 AM 8:36

Principal Place of Business

116 VENTURE BLVD.
HOUMA LA 70360

Mailing Address

P.O. BOX 1895
HOUMA LA 70361-3560

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

116 Venture Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 3560

Suite, Apt. #, etc.

City & State

Houma, LA

City & State

Houma, LA 70361

4. FEI Number

72-0867683

Applied For

Not Applicable

Zip

70360

Country

USA

Zip

Country

USA

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

CT CORPORATION SYSTEM
1200 S. 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 ☒ Delete
NAME SKEANS, JAMES L
STREET ADDRESS 504 TERRE HAUTE PLACE
CITY-ST-ZIP HOUMA LA 70364

TITLE President ☒ Change ☐ Addition
NAME Don B. Cobb
STREET ADDRESS 111 Bocage Drive
CITY-ST-ZIP Houma, LA 70360

TITLE EVP ☒ Delete
NAME TROSCLAIR, SHANNA C
STREET ADDRESS 218 TIGER TRAIL RD
CITY-ST-ZIP HOUMA LA 70360

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME ALDAPE, GARBIEL
STREET ADDRESS 204 TIGER TRAIL RD.
CITY-ST-ZIP HOUMA LA 70360

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME COBB, DON B
STREET ADDRESS NO. 1 STONE'S THROW DR. #225
CITY-ST-ZIP HOUMA LA 70360

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Garbiel Aldape Garbiel Aldape, Secretary/Treasurer

3/3/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)