

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000005390**

1. Entity Name

FLAG DRILLING CO., INC.

Principal Place of Business

Mailing Address

415 MOUNTAIN DR
STE 5
DESTIN FL 32541
US415 MOUNTAIN DR
STE 5
DESTIN FL 32541-2358
US

2. Principal Place of Business

3. Mailing Address

127 Hwy 98 E

127 Hwy 98 E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10 A

10 A

City & State

City & State

DESTIN, FLORIDA

DESTIN, FLORIDA

Zip

Country

Zip

Country

32541

U.S.A.

32541

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, KELLY H
738 VINTAGE CIRCLE
DESTIN FL 32541

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CP WILLIAMS, W.E. 17170 WATEREDGE CIRCLE N. FT. MYERS FL 33917	<input type="checkbox"/>		
ST WILLIAMS, KELLY H 738 VINTAGE CIRCLE DESTIN FL 32541	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:

KELLY H. WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-00 850-654-6099

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90017 040 ***150.00



DO NOT WRITE IN THIS SPACE