

**2000 UNIFORM BUSINESS REPORT (UBR)**

AMENDED

FILED

00 MAR 28 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # FA8000000036  
 1. Entity Name ALGEOS DRILLING CO, INC.

Principal Place of Business Mailing Address  
30 BUNKER LANE  
PALM COAST, FL 32137

2. Principal Place of Business <u>33 ST. ANDREWS CT.</u> Suite, Apt. #, etc.	3. Mailing Address <u>33 ST ANDREWS CT.</u> Suite, Apt. #, etc.
City & State <u>PALM COAST</u>	City & State <u>PALM COAST</u>
Zip <u>32137</u> Country <u>USA</u>	Zip <u>32137</u> Country <u>USA</u>

4. FEI Number 59-3091278 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
OSIPOV, GENNADIY  
33 ST. ANDREWS CT  
PALM COAST, FL 32137

7. Name and Address of New Registered Agent  
 Name OSIPOV, GENNADIY  
 Street Address (P.O. Box Number is Not Acceptable) 33 ST ANDREWS CT  
 City PALM COAST FL Zip Code 32137

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 Gennadiy Osipov GENNADIY OSIPOV 03.20.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SAMURIN, P.</u> <input checked="" type="checkbox"/> Delete <u>ALEKSANDR</u> <u>30 BUNKER LANE, PALM COAST, FL 32137</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>OSIPOV, GENNADIY</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>33 ST. ANDREWS CT</u> <u>PALM COAST, FL 32137</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>GONCHAROV, ALEKSANDR</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>91 BURROUGHS DRIVE</u> <u>PALM COAST, FL 32137</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300003195623-5</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>-04/04/00-01084-026</u> <u>*****61.25 *****61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700003195627-2</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>-04/04/00-01084-027</u> <u>*****8.75 *****8.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gennadiy Osipov GENNADIY OSIPOV 03.20.00 (904)447-1980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE