

DOCUMENT # F98000006041

1. Entity Name  
SURPAS RESOURCE CORPORATION

Principal Place of Business  
10000 RICHMOND AVENUE, #150  
HOUSTON TX 77042

Mailing Address  
10000 RICHMOND AVENUE, #150  
HOUSTON TX 77042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 76-0184849

Applied For

Not Applicable

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

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, 2001 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 PD ☐ Delete  
NAME BADGER, JON P  
STREET ADDRESS 10000 RICHMOND AVENUE, #150  
CITY-ST-ZIP HOUSTON TX 77042

TITLE PD ☒ Change ☐ Addition  
NAME Lowrey, Michael  
STREET ADDRESS 10000 Richmond Ave., Ste. 150  
CITY-ST-ZIP Houston, TX 77042

TITLE SCTD ☐ Delete  
NAME KREISS, DAVID  
STREET ADDRESS 5 CONCOURSE PKWY., #3100  
CITY-ST-ZIP ATLANTA GA 30328

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

TITLE D ☐ Delete  
NAME CRAVEY, RICARDO L JR  
STREET ADDRESS 12 PIEDMONT CENTER., #210  
CITY-ST-ZIP ATLANTA GA 30305

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

TITLE D ☐ Delete  
NAME KITCHEN, GARRISON M  
STREET ADDRESS 12 PIEDMONT CENTER., #210  
CITY-ST-ZIP ATLANTA GA 30305

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: \_\_\_\_\_

Mike Lowrey, President 1/3/01 713-952-1498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90023 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)