## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 25, 2002 8:00 am DOCUMENT # F99000006263 **Secretary of State** 1. Entity Name 02-25-2002 90040 002 \*\*\*150 00 HARDING ROAD BORING, INC. Principal Place of Business Mailing Address 10711 SPUR 231 PO BOX 506 **BRYAN TX 77807** BRYAN TX 77806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 74-2145716 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01 TITLE ☐ Delete Addition TITLE NAME HARDING, TIM NAME STREET ADDRESS 10711 SPUR 231 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRYAN TX** ☐ Delete ☐ Addition TITLE TITLE Change VSD NAME NAME HARDING, JOHNNIE STREET ADDRESS 10711 SPUR 231 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRYAN TX** ☐ Delete [] Change Addition TITLE NAME NAME HARDING, RUTH A STREET ADDRESS 10711 SPUR 231 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRYAN TX** ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS 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

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changed, or on an attachment with an address, with all other like empowered.

2-5-2002

(979)778-2691