

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G39325

1. Entity Name

REPUBLIC DRILL CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90180 029 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O HYMAN ASH 8405 NW 66 ST. MIAMI FL 33166-2630 US	C/O HYMAN ASH 8405 NW 66 ST. MIAMI FL 33166-2630 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	36-3234615	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KRINGOLD, STEVEN 8405 N.W. 66TH STREET MIAMI FL 33166

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	KANDARIAN, RICHARD
STREET ADDRESS	R.R. 2 BOX 9902
CITY-ST-ZIP	KINGSHILL ST. CROIX VI 00850
TITLE	PD
NAME	FIELD, PETER
STREET ADDRESS	R.R. 2 BOX 9902
CITY-ST-ZIP	KINGSHILL ST. CROIX VI 00850
TITLE	DST
NAME	HYMAN, ASH
STREET ADDRESS	R.R. 2 BOX 9902
CITY-ST-ZIP	KINGSHILL ST. CROIX VI 00850
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

3055927777

Daytime Phone #