

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G39325

1. Entity Name

REPUBLIC DRILL CORPORATION

5/

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-23-2001 90021 036 ***150.00

- 74998



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---|---------|
| Principal Place of Business C/O HYMAN ASH 8405 NW 66 ST. MIAMI FL 33166-2630 US | | Mailing Address C/O HYMAN ASH 8405 NW 66 ST. MIAMI FL 33166-2630 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 36-3234615 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|--|--|---|--|
| 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: JERRY B. BOBROFF Street Address (P.O. Box Number Is Not Acceptable): 8405 NW 66 ST. City: Miami FL Zip Code: 33166 | |
|--|--|---|--|

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: *Jerry B. Bobroff* JERRY B. BOBROFF CO.O. DATE: 4-21-01

(NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|---|
| 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, 2001 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 |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|--|
| TITLE: VD NAME: KANDARIAN, RICHARD STREET ADDRESS: R.R. 2 BOX 9902 CITY-ST-ZIP: KINGSHILL ST. CROIX VI 00850 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: PD NAME: FIELD, PETER STREET ADDRESS: R.R. 2 BOX 9902 CITY-ST-ZIP: KINGSHILL ST. CROIX VI 00850 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: DST NAME: HYMAN, ASH STREET ADDRESS: R.R. 2 BOX 9902 CITY-ST-ZIP: KINGSHILL ST. CROIX VI 00850 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | |
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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: *Jerry B. Bobroff* 4/21/01 305-592 7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)