DOCUMENT #       H21869         1. Entry Name       MAST WELL DRILLING, INC.         MAST WELL DRILLING, INC.       Mailing Address         Bizz 40TH TERRACE SW       1822 40TH TERRACE SW         NAPLES FL 3115015       1822 40TH TERRACE SW         NAPLES FL 3115015       US         2. Principal Place of Business       Suite, Apt. #, etc.         City & State       City & State         2. Principal Place of Business       Suite, Apt. #, etc.         Do NOT WRITE IN THIS SPACE         City & State       City & State         2. Principal Place of Business       Suite, Apt. #, etc.         City & State       City & State         2. Principal Place of Business       Suite, Apt. #, etc.         City & State       City & State         2. Principal Place of Business       Suite, Apt. #, etc.         City & State       City & State         2/p       Country         2/p       Country         3. Name and Address of Current Registered Agent         Name       Street Address (P.O. Bax Number is Noi Acceptable)         OFFICE OF HENRY PAUL, ESQUIPE       Street Address (P.O. Bax Number is Noi Acceptable)         OFFICE OF HENRY PAUL, ESQUIPE       Orter Mag street Aget stop of the anegl aget stop (Expl         State Drive	200	2 UNIFORM BU	SINESS REPO	ORT (	UBR)		FILED 8, 2002 8	8:00 a	am
Itizz dom tERANCE SW MPLES R. SHIEGK US 2. Principal Place of Business Sulia, Apl. #, etc. Sulie, Apl.	1. Entity Nan	ne	369		Secretary of State				
2. JPRoper Prace of Department 2. JPROPERTAGE of Department 3. Mailing Address Suite, Apt, #, etc. Do NOT WHITE IN THIS SPACE DO NOT HELE TO NOT THE PROVIDED TO THE THIS SPACE DO NOT WHITE IN THIS SPACE DO NOT THE PROVIDED DO NOT WHITE IN THIS SPACE DO NOT THE PROVIDED DO NOT WHITE IN THIS SPACE DO NOT THE PROVIDED DO NOT WHITE IN THIS SPACE DO NOT THE PROVIDED DO NOT WHITE IN THIS SPACE DO NOT THE PROVIDED DO NOT WHITE IN THE THIS SPACE DO NOT THE	1822 40TH TI NAPLES FL 3	ERRACE SW	1822 40TH TERRACE SV NAPLES FL 34116	ŚW					
Zip         Country         Zip         Country         Zip         Country         S. Certificate of Status Dashed         Test Applicable           20         6. Mans and Address of Current Registered Applint									ľ
Zip       Country       Zip       Country       S. Centificate of Status Desired       SR.7.5 Additional For Required         JOHNSON, HENRY PAUL, ESQUIRE OFFICE OF HENRY PAUL, UOHNSON, P.A.       Name       Name       Street Address of New Registered Agent       Name         JOHNSON, HENRY PAUL, ESQUIRE OFFICE OF HENRY PAUL, UOHNSON, P.A.       Street Address (P.O. Box Number is Mol Acceptable)       City       FL       Zip Code         8. The above named entity submits ins statement for the purpose of changing its registered affice or registered agent, or both, in the State of Portids.       City       FL       Zip Code         3/CMATURE       Softwart level or instant and unguined agent occus of captable.       POTE Repeared Agent device required instatement for the purpose of changing its registered affice or registered agent, or both, in the State of Portids.         SIGNATURE       Softwart level or instant and unguined agent occus of captable.       POTE Repeared Agent device required instatement.       City       FL       Zip Code         8. The above named entity submits its instant may big in langing its in agent of the purpose of changing its registered affice or registered agent, or both, in the State of Portids.       Sign Addition       Acceptable.         9. The above named entity submits its instant may big in Marght Part Provide with the statement of State       10. Election Cangaing Firencing.       Sign Addition         9. The above to purpose of check Payable to Department of State       True firefire Part Don	City & Stat	le	City & State			4. FEI Number 50-2454500 Applied For			
JOHNSON, HENRY PAUL, ESQUIRE OFFICE OF HENRY PAUL, UNIXSON, P.A. 800 SEAGATE DRIVE, SUITE 204 NAPLES FL 33940     Street Address (P.O. Box Number is Not Acceptable)       B. The above named endry submits this statement for the purpose of changing its registered agent, or both, in the State of Flotida.     FL     Zip Code       SIGNATURE     Street Address (P.O. Box Number is Not Acceptable)     Entre     City     FL     Zip Code       B. The above named endry submits this statement for the purpose of changing its registered agent, or both, in the State of Flotida.     SIGNATURE     Entre     Entre       SIGNATURE     Street Address (P.O. Box Number is Not Acceptable)     Entre     Entre     Entre       Is the above named endry submits this statement for the purpose of changing its registered agent, or both, in the State of Flotida.     Entre     Entre       SIGNATURE     Street Address State To do to the Address To OFFICERS AND DiffectORS IN 11     Entre     Address To OFFICERS AND DiffectORS IN 11       B. This corporation is eligible to satisfy its intragible     FILE NOW!!! FEE IS \$150.00     Tust Flund Contribution.     Address To OFFICERS AND DiffectORS IN 11       B. This corporation is eligible to satisfy the Interget To do to the Address To OFFICERS AND DiffectORS IN 11     Interfund Contribution.     Address To OFFICERS AND DiffectORS IN 11       This corporation is eligible to satisfy the Interget To do to the Address To OFFICERS AND DiffectORS IN 11     Interfund Contribution.     Address To	Zip	Country	Žip	p Country		· <u></u>		ditional	ŀ
JOHNSON, HENRY PAUL, ESQUIRE OFFICE OF HENRY PAUL, DINSON, P.A. 600 SEAGATE DRIVE, SUITE 204 MARLES FL. 33940 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. SIGNATURE 9. This approximate of statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. SIGNATURE 9. This approximate agent ag		6. Name and Address of Curre	mt Registered Agent	·		Name and Address of New R	egistered Agent		l i
NAPLES FL 33940       City       FL       Zip Code         B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ploida.       State of Ploida         SIGNATURE	OFFICE OF HENRY PAUL JOHNSON, P.A.					Box Number is Not Acceptable	)		
SIGNATURE	-				lity		FL Zip Cod	le	
By chains, by each private name of regulations         (MOTE: Regulared Agent Equipators required Agent Equipators r		e named entity submits this statemen	t for the purpose of changing it	Is registered o	ffice or registered a	gent, or both, in the State of Flo	rida.		
Tax iming requirement and elects to do so     Arrier Mary 17,2002 reg will be 3530;00 <sup></sup> 10. Election Canage () Financing () Added to Fees       (See criteria on back)     Make Check Payable to Department of State     Trust Fund Contribution     Added to Fees       1.     OFFICERS AND DIFECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       TtE     MAST, ROBERT     Detale     Trut     Intel Mary 1.2002 reg will be 3530;00 <sup></sup> Intel Mary 1.2002 reg will be 3530;00 <sup></sup> Intel Mary 1.2002 reg will be 3530;00 <sup></sup> Ttes     OFFICERS AND DIFECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       Ttes     MAST, ROBERT     Intel Mary 1.2002 reg will be 3530;00 <sup></sup> Intel Mary 1.2002 reg will be 3530;00 <sup></sup> MAE     MAST, ROBERT     Intel Mary 1.2002 reg will be 3530;00 <sup></sup> Intel Mary 1.2002 reg will be 3540;00 <sup></sup> MAE     MAST, ROBERT     Intel Mary 1.2002 reg will be 3540;00 <sup></sup> Intel Mary 1.2002 reg will be 3540;00 <sup></sup> MAE     Street ADDRESS     Intel Mary 1.2002 reg will be 3540;00 <sup></sup> Intel Mary 1.2002 reg will be 3540;00 <sup></sup> Intel Mae     Intel Mary 1.2002 reg will be 3540;00 <sup></sup> Intel Mary 1.2002 reg will be 3540;00 <sup></sup> Intel Mary 1.2002 reg will be 3540;00 <sup></sup> Intel Mae     Intel Mary 1.2002 reg will be 3540;00 <sup></sup> Intel Mary 1.2002 reg will be 3540;00 <sup></sup> Intel Mary 1.2002 reg will be 3540;00 <sup></sup> Intel Mae     Intel	IGNATURE .	Signature, typed or printed name of registered ag	ant and title if applicable. (NO	TE: Registered Ag	ent signature required when	reinstating)	DATE		
TILE PD Change Addition Addition PEER SW NAPLES FL Change Addition PEER LADRESS CHIV-ST-2P CHANGESS CHIVESS CHIV-ST-2P CHANGESS CHIVESS CHIVESS CH	Taxming	requirement and elects to do so.	Atter May 1, 20	Atter May 1, 2002 Pee will be \$550.00					
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NAME     STREET ADDRESS       ITY-ST-2P     Delete       ITY-ST-2P     CITY-ST-2IP       ITU-E     NAME       NAME     STREET ADDRESS       ITY-ST-2P     CITY-ST-2IP       ITU-E     NAME       NAME     STREET ADDRESS       ITY-ST-2P     CITY-ST-2IP       ITU-E     ITU-E       NAME     STREET ADDRESS       ITY-ST-2P     CITY-ST-2IP       ITU-E     ITU-E	AME TREET ADDRESS	MAST, ROBERT 1822 40TH TERR SW	IAST, ROBERT 822 40TH TERR SW				🗋 Change	Addition	CR2E034 (9/01)
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1. Lereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I lurther certify that the information	ime Reet address		Delete	NAME STREET AD			Change	Addition	
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 Statules; and that we name appears in Block 11 or Block 12 if chapter, or on an attachment with an address, with all other like empowered.	indicated of the cor changed,	on this report or supplemental report poration or the receiver or trustee err or on an attachment with an address	I is true and accurate and that is powered to execute this report	my signature t as required l	shall have the same	legal effect as if made under or	th; that I am an officer	or director	