

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H83479

1. Entity Name

GEO-ENERGY DRILLING, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90075 017 ***150.00

Principal Place of Business
142 DEEPWOOD DRIVE
P. O. BOX 1454
CRAWFORDVILLE FL 32326-1454
US

Mailing Address
142 DEEPWOOD DRIVE
P. O. BOX 1454
CRAWFORDVILLE FL 32326-1454
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **59-2599424**
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

HARRELL, JOSEPH L.
142 DEEPWOOD DRIVE
CRAWFORDVILLE FL 32327-8454

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 Joseph L. Harrell, P. Joseph L Harrell 4/21/2000
Signature, typed or printed name of registered agent and title if applicable (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) ☐

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	HARRELL, MONNIE Y.	142 DEEPWOOD DRIVE	CRAWFORDVILLE FL	
P	HARRELL, JOSEPH L.	142 DEEPWOOD DRIVE	CRAWFORDVILLE FL	
V	HARRELL, DAVID B	142 DEEPWOOD DRIVE	CRAWFORDVILLE FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Joseph L. Harrell, P. Joseph L Harrell 4/21/2000 (850)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 926-8116

CP2E034 (9/99)