

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90080 015 ***158.75

DOCUMENT # H83479

1. Entity Name
GEO-ENERGY DRILLING, INC.



30024286



☐ CHECK HERE IF MAKING CHANGES

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2599424**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joseph L. Harrell (P) Joseph L. Harrell 2/10/03
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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph L. Harrell (P) Joseph L. Harrell 2/10/03 (850) 926-8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)