

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90172 031 ***150.00

DOCUMENT # J16603

1. Entity Name
CIRCLE "W" WELL DRILLING INC.

Principal Place of Business
% GUY M. WILSON, JR.
661 RIDGE RD. SW
LARGO FL 34640-3427

Mailing Address
% GUY M. WILSON, JR.
661 RIDGE RD. SW
LARGO FL 34640-3427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2669221**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, GUY M., JR.
661 RIDGE RD
LARGO FL 33540

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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
PD
WILSON, GUY M., JR.
661 RIDGE RD
LARGO FL 34640

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-02 727-581-1254
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

973020
J16603

CIRCLE W DRILLING, INC.

PO BOX 1722 LARGO, FL. 33779-1722

(727) 581-1254 FAX (727) 559-8109

SWFWM LICENSE NUMBER 2430

TO WHOM IT MAY CONCERN:

I AM SENDING IN THE RENEWAL FOR THE CORPORATION
REGISTRATION AT THIS TIME, AS WE DID NOT RECEIVE A
RENEWAL NOTICE UNTIL THE MIDDLE OF JULY.

AFTER TALKING TO A GENTLEMAN IN YOUR OFFICE HE
INSTRUCTED ME TO SEND IT IN NOW WITH THE ORIGINAL FEE OF
\$150.00.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL.
SINCERELY,

PAT FENTON
OFFICE MANAGER