2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J25070** 1. Entity Name B & B WELL DRILLING, INC. Principal Place of Business Mailing Address % RICHARD BEAZLEY % RICHARD BEAZLEY IT. 1670 N. NOVA ROAD 1670 N. NOVA ROAD DAYTONA BEACH FL 32117-2405 DAYTONA BEACH FL 32117 2 Principal Place of Business 3 Mailing Address

FILED Feb 02, 2000 8:00 am Secretary of State

02-02-2000 90037 039 ***150.00



Zip Country Zip Country 5. Certificate of Status Depired St.7.5 Addition: Fee Projection of Status Depired Status Depired St. Certificate of Status Depired St.7.5 Addition: Fee Projection of Status Depired Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box						T EDDING BING LINGY BIXIT GOLILL KERLL BERL RILDIK BIRIT OLDIL BIRIT BIRIT BIRIT KARL			
Zip Country Zip Country 5. Certificate of Status Desired					7	DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 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. 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. 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. 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. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose required when the above named entity submits and the state of Florida. 9. This corporation is eligible to safety its intrangible for purpose required when traditing its formation in the state of Florida. 10. Election Campaign Financing for added to Florida. 11. DeFliceRs And Make Check Payable to Department of State 12. ADO					4. F	4. FEI Number 59-2701318		plied For t Applicable	
BEAZLEY, RICHARD H. T, 56349 HICKORY RD ASTOR FL 32102 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 Symittle Symitt	Zip	Country	Zip	Country	5. (Certificate of Status Desired			
BEAZLEY; RICHARD H. T, 56349 HICKORY RD ASTOR FL 32102 City FL Zip Code		6. Name and Address of Current R	egistered Agent		7. 1	lame and Address of New Register	red Agent		
Signatruze Signat		· · · · · · · · · · · · · · · · · · ·		Name		······································			
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 9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. Added to File MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTER MAKE SITERT ADDRESS 11. BEAZLEY, RICHARD H. J. STRET ADDRESS 11. BEAZLEY, RICHARD H. J. STRET ADDRESS 11. BEAZLEY, RICHARD H. J. STRET ADDRESS 11. BEAZLEY, WANDA 12. STRET ADDRESS 13. Delete 14. THE 15. SA349 HICKORY RD ASTOR FL. 3 2 / 0.5 15. Claringe 16. Change 17. STRET ADDRESS 17. ST-2P 17. THE 18. AS 54. Picc President 18. AS 54. Picc Pr	5634	Street Address (P.O. Box Number is Not Acceptable)							
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. After MAX 1, 2000 Fee will be \$550.00 After MAX 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE MAME BEAZLEY, RICHARD H. J. STRET ADDRESS CITY-ST-ZIP ASTOR FL 3 2 10 5 CITY-ST-ZIP ASTOR FL 3 3 10 5 CITY-ST-ZIP CITY-ST-ZIP ASTOR FL 3 3 10 5 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE AS 5 t. Vice President Beaziery Clayton E. T. Vica NINOVA Rd CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Delete TITLE MAME SIRRET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP	•			City			FL Zip Code	 _	
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TITLE NAME STREET ADDRESS TOTY-ST-ZIP TOTLE NAME STREET ADDRESS TOTY-ST-ZIP NAME STREET ADDRESS TOTY-ST-ZIP TO ON! NOVA Rd. OAYTON BCh PlA 32/17 Delete NAME STREET ADDRESS TOTY-ST-ZIP TITLE NAME STREET ADDRESS TOTY-ST-ZIP TITLE NAME STREET ADDRESS TOTY-ST-ZIP TO ON! NOVA Rd. OAYTON BCh PlA 32/17 Delete NAME STREET ADDRESS TOTY-ST-ZIP TITLE NAME STREET ADDRESS TOTY-ST-ZIP TITLE NAME STREET ADDRESS TOTY-ST-ZIP TO ON! NOVA TITLE NAME STREET ADDRESS TOTY-ST-ZIP TO OBLETE TO OBLET	Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2 Make Check Paya			to Department of S	tate	Trust Fund Contribution.	Added	to Fees	
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i).	NAME STREET ADDRESS CITY-ST-ZIP	;		NAME STREET ADDRESS CITY-ST-ZIP				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 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.

WANDAM Bearley