

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-02-2000 90037 039 ***150.00

DOCUMENT # J25070

1. Entity Name

B & B WELL DRILLING, INC.

Principal Place of Business

Mailing Address

% RICHARD BEAZLEY I,
 1670 N. NOVA ROAD
 DAYTONA BEACH FL 32117

% RICHARD BEAZLEY I,
 1670 N. NOVA ROAD
 DAYTONA BEACH FL 32117-2405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2701318**

Applied For

Not Applicable

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

BEAZLEY, RICHARD H. I,
56349 HICKORY RD
ASTOR FL 32102

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

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 \$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	P	<input type="checkbox"/> Delete
NAME	BEAZLEY, RICHARD H. I.	
STREET ADDRESS	56349 HICKORY RD	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEAZLEY, WANDA	
STREET ADDRESS	56349 HICKORY RD	
CITY-ST-ZIP	ASTOR FL 32102	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Beazley Richard H. II.	
STREET ADDRESS	3790 Carrick Dr.	
CITY-ST-ZIP	Ormond Bch, FLA. 32174	
TITLE	ASST. Vice President	<input type="checkbox"/> Delete
NAME	Beazley Clayton E I.	
STREET ADDRESS	1670 N. NOVA Rd.	
CITY-ST-ZIP	Daytona Bch, FLA 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: *Wanda M Beazley* **Signature and Typed or Printed Name of Filing Officer or Director** **WANDA M. BEAZLEY** **Date** *1-28-2000* **Daytime Phone #** *904-2532241*

CR2E034 (9/99)