## **2003 FOR PROFIT CORPORATION**

Mailing Address

P O BOX 430773

3. Mailing Address

Suite Apt. #, etc.

BIG PINE KEY FL 33043-0773

## UNIFORM BUSINESS REPORT (UBR J42090 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

BIG PINE KEY FL 33043

Suite, Apt. #, etc.

RT. 4 BOX 1007

P.O. BOX 430773

RODGERS DRILLING SERVICE, INC.



## **FILED** Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90117 009 \*\*\*150.00

CHECK HERE IF MAKING CHANGES						
4. FEI Number 59-2744015		Applied For				
00 27 440 10		Not Applicable				
5. Certificate of Status Desired S8.75 Additional Fee Required						
7. Name and Address of New Registered Agent						
•						
). Box Number is Not Acceptable)						
<b>-</b> 1	Zin i	Code				

City & State		City & State		4. FEI Number 59-2744015	Applied For		
Zip	Country	Zip			Not Applicable		
			Country		3.75 Additional e Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name				
WRIGHT, THOMAS D.			Stroot Addro	iss (P.O. Box Number is Not Acceptable)			
10095 OVERSEAS HIGHWAY			Street Addle	ss (F.O. box Number is Not Acceptable)			
SUITE 10							
MARATHON FL 33050			City		7 0 1		
			'	FL	Zip Code		
8. The above the obligation	named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registered office or regi	stered agent, or both, in the State of Florida. I am fam	iliar with, and accept		
`.r	tone of registered agent,		•				
SIGNATURE							
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating) DATE			
	FILE NOW!!! FEE IS \$150.00						
Atte	r May 1, 2003 Fee will be \$550.00	40		9. Election Campaign Financing  Trust Fund Contribution.	\$5.00 May Be Added to Fees		
	k Payable to Florida Department o	i		i i i i i i i i i i i i i i i i i i i	Added to Fees		
10.	OFFICERS AND	<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11		
TITLE NAME	RODGERS, LAIR	☐ Delete	TITLE		Change Addition		
STREET ADDRESS	245 BLACKBEARD ROAD		NAME				
CITY-ST-ZIP	LITTLE TORCH BEY FL		STREET ADDRESS CITY-ST-ZIP				
TITLE	VSD	☐ Delete	<del>-</del>				
NAME	RODGERS, BARBARA	☐ Delete	) TITLE NAME		Change Addition		
STREET ADDRESS	245 BLACKBEARD ROAD		STREET ADDRESS				
CITY-ST-ZIP	LITTLE TORCH KEY FL		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		Change		
NAME		•	NAME		Change Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>			
TITLE	·	Delete	TITLE		Change		
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
NAME		☐ Delete	TITLE NAME		Change		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE		Change		
NAME			NAME		Change [1] Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
<ol><li>12. Thereby or</li></ol>	ertify that the information supplied with	thic filing doop not avalify for		a			

Interept 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF