

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J56445

1. Entity Name
MORTON PUMP & DRILLING, INC.

Principal Place of Business

% MARK C. TILEY
6095 WESTERN WAY
LAKE WORTH FL 33463-7637

Mailing Address

% MARK C. TILEY
6095 WESTERN WAY
LAKE WORTH FL 33463-7637

2. Principal Place of Business
6095 Western Way

Suite, Apt. #, etc.

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Lake Worth, FL

City & State

4. FEI Number 65-0000324

Applied For
Not Applicable

Zip 33463

Country USA

Zip

Country

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

6. Name and Address of Current Registered Agent

TILEY, MARK C
6095 WESTERN WAY
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

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)

January 4, 2002
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, 2002 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

TITLE DVP
NAME TILEY, CAROL H.
STREET ADDRESS 33241 LAKESHORE DR
CITY-ST-ZIP TAVARES FL ☒ Delete

TITLE DPT
NAME TILEY, MARK C.
STREET ADDRESS 6095 WESTERN WAY
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

TITLE DS
NAME TILEY, SHERRY K
STREET ADDRESS 6095 WESTERN WAY
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE President/Treasurer
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE Vice President/Secretary
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mark C. Tiley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark C. Tiley, Pres. 1/4/02 (561) 641-1561

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90022 003 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)