2000 UNIFORM BUSINESS REPORT (UBR)

May 09, 2000 8:00 am Secretary of State DOCUMENT # **K28985** 1. Entity Name ADVANCED DRILLING TECHNOLOGY, INC. 05-09-2000 90038 042 ***150.00 Principal Place of Business Mailing Address % J. RONALD WIGGINTON % J. RONALD WIGGINTON 14821 N. NEBRASKA AVE. 14821 N. NEBRASKA AVE. TAMPA FL 33613 TAMPA FL 33613-1434 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2901588 Not Applicable Country Zip Country \$8.75 Additional -5.-Certificate of Status Desired . - 🗔 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HATTEL, DENNIS D Street Address (P.O. Box Number is Not Acceptable) 14821 N NEBRASKA AVE **TAMPA FL 33613** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD ☐ Delete TITLE TITLE NAME HATTEL, DENNIS D. NAME STREET ADDRESS STREET ADDRESS 14821 N. NEBRASKA AVE. CITY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME HATTEL, JUNE A. STREET ADDRESS 14821 N. NEBRASKA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition TITLE SD ☐ Delete TITLE HAMPTON, PATRICE NAME NAME STREET ADDRESS STREET ADDRESS 14821 N. NEBRASKA AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME

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 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.

STREET ADDRESS

CITY-ST-ZIP

Dennis Da Hattel President 4/26/00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS