

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90029 006 ***150.00

DOCUMENT # K32705

1. Entity Name
HUSS DRILLING, INC.

Principal Place of Business

C/O HUSS, KELLY, M.
~~P.O. BOX 470~~
~~DADE CITY FL 33526~~
US

Mailing Address

C/O HUSS, KELLY, M.
~~P.O. BOX 470~~
~~DADE CITY FL 33526~~
US

715083



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 1058

Suite, Apt. #, etc.

San Antonio, FL

City & State

3. Mailing Address

P.O. Box 1058

Suite, Apt. #, etc.

San Antonio, FL

City & State

Zip

33576

Country

Zip

33576

Country

4. FEI Number

59-2933134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUSS, KELLY M
35920 STATE RD. 52 52
DADE CITY FL 33526 33525

Name

Street Address (P.O. Box Number is Not Acceptable)

35920 State Rd. 52

City

Dade City

FL

Zip Code

33525

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
HUSS, KELLY M
16426 JESSAMINE RD 35920 State Rd 52
DADE CITY FL 33523 33525

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BROXTON, MICHAEL E
35920 STATE RD 52
DADE CITY FL 33526

☐ Delete

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

TITLE
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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: *Kelly M. Huss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly M. Huss

1-3-01

Date

(352) 567-9500

Daytime Phone #

CR2E034 (10/00)