

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K38272

FILED
Apr 28, 2003
Secretary of State

Entity Name: CRINER PETROLEUM AND WELL POINT SERVICE, INC.

Current Principal Place of Business:

C/O CATHERINE L. CRINER
2010 WHITE AVE.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

C/O CATHERINE L. CRINER
2010 WHITE AVE.
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-2959106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRINER, CATHERINE L.
2010 WHITE AVE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CRINER, CATHERINE L.,
Address: 2010 WHITE AVENUE
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: CRINER, CHARLES R.,
Address: 2010 WHITE AVENUE
City-St-Zip: ORLANDO, FL

Title: V () Delete
Name: CRINER, JAMES E.
Address: 2000 WHITE AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: CRINER, ROBIN A
Address: 2000 WHITE AVE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE L. CRINER

PTD

04/28/2003

Electronic Signature of Signing Officer or Director

_____ Date