

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90460 008 ***150.00

DOCUMENT # K42001

1. Entity Name
CORE DRILLING PLUS, INC.

Principal Place of Business
P.O. BOX 221691
WEST PALM BEACH FL 33422

Mailing Address
P.O. BOX 221691
WEST PALM BEACH FL 33422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0091449

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOUGH, PATRICK
5440 CICAOWAY
WEST PALM BEACH FL 33418

Name

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

5440 CICAOWAY

City **PALM BEACH GARDENS 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 *Paula O'Rourke*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **HOUGH, PATRICK**
 STREET ADDRESS **P.O. BOX 221691**
 CITY-ST-ZIP **W. PALM BEACH FL 33422**

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

TITLE **VP** ☐ Delete
 NAME **O'ROURKE, PAULA**
 STREET ADDRESS **5440 CICAOWAY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE **SEC/TREAS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **T** ☒ Delete
 NAME **GREY, ROSS**
 STREET ADDRESS **13885 159TH STREET N**
 CITY-ST-ZIP **JUPITER FL 33478**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *Paula O'Rourke*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 561-718-3223

CR2E034 (9/01)