## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2002 8:00 am Secretary of State DOCUMENT # P00000031395 1. Entity Name TREASURE COAST DIRECTIONAL DRILLING, INCORPORATE 03-24-2002 90076 025 \*\*\*150.00 Principal Place of Business Mailing Address 1501 DECKER AVENUE 1501 DECKER AVENUE # 515 # 515 STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1064276 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUNDHEIM JR., FREDERICK G. Street Address (P.O. Box Number is Not Acceptable) DUGHTERSON, SUNDHEIM C WOODS, PA 310 SW SOCEAN BLVD. STUART FL 34994 City 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME . KRANTZ, LEWIS E NAME STREET ADDRESS 1501 DECKER AVENUE # 515 STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-7iP TITLE" ? Delete TITLE Change ☐ Addition NAME KRANTZ, LEWIS B NAME STREET ADDRESS STREET ADDRESS 1501 DECKER AVENUE # 515 CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME Krantz, Karen D NAME STREET ADDRESS 1501 DECKER AVENUE # 515 STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURÈ

3/4/02 561-219-9722

**FILED**