

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90147 031 ***150.00

DOCUMENT # P00000097214

1. Entity Name
GATOR WELL DRILLING, INC.

Principal Place of Business PMB #180 13401-9 SUMMERLIN ROAD FORT MYERS FL 33919	Mailing Address PMB #180 13401-9 SUMMERLIN ROAD FORT MYERS FL 33919
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962370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5710 STALEY ROAD Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1781 Suite, Apt. #, etc.
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City & State Fort Myers, FL	City & State Lehigh Acres, FL	4. FEI Number 65-1046797	Applied For <input type="checkbox"/> Not Applicable
Zip 33905	Country	Zip 33970	Country

6. Name and Address of Current Registered Agent SPENCE, MARY ANN 13401-9 SUMMERLIN ROAD FORT MYERS FL 33919	7. Name and Address of New Registered Agent Name EARL RUSSELL Street Address (P.O. Box Number is Not Acceptable) 1305 HUNKSTAD RD STE 102 City LEHIGH ACRES FL Zip Code 33970
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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 *Earl Russell*
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PT SPENCE, MARYANN 5571 MONTILLO DR RD FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PRESIDENT PARKER, ROBERT A 2168-TREEHAVEN CIRCLE ST #180 FORT MYERS FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Parker* **REQUIRED** 4-23-02 239 910 5143
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)