

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90717 035 ***150.00

DOCUMENT # P01000031856

1. Entity Name
COVENANT RESOURCES, INC.



Principal Place of Business
**620 CROSS CREEK LANE
WAUCHULA FL 33873**

Mailing Address
**P.O. BOX 806
ZOLFO SPRINGS FL 33890**



2. Principal Place of Business
3044 N. Elm St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 806
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Zolfo Springs, FL
Zip
33890
Country
Hardee

City & State
Zolfo Spgs FL
Zip
33890
Country

4. FEI Number **65-1096151**

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

**GILLIARD, RONNIE L
620 CROSS CREEK LANE
WAUCHULA FL 33873**

Name
Ronnie L. Gilliard
Street Address (P.O. Box Number is Not Acceptable)
3044 N Elm St.
City
Zolfo Springs FL Zip Code
33890

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ronnie L. Gilliard**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-2-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pres, V.P GILLIARD, RONNIE L P.O. BOX 806 ZOLFO SPRINGS FL 33890	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sec. Treas GILLIARD, SHARON A P.O. BOX 806 ZOLFO SPRINGS FL 33890	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SHARON A. GILLIARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03
Date

Daytime Phone #

CR2E034 (10/02)