

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91150 032 ***150.00

DOCUMENT #

P01000087616

1. Entity Name

TROY MOORE WELL DRILLING, - INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5681 Pangola Dr
Suite, Apt. #, etc.

3. Mailing Address

5681 Pangola Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft Myers FL

City & State

Ft Myers FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33905

Country

US

Zip

33905

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Troy L. Moore

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

5681 Pangola Dr.

City

Ft Myers

FL

Zip Code

33905

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 of registered agent 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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
D/P
Moore, Tony L
STREET ADDRESS
5681 Pangola Dr.
CITY-ST-ZIP
Ft Myers FL 33905

TITLE
NAME
D/S/T
Moore, Mildred M
STREET ADDRESS
5681 Pangola Dr.
CITY-ST-ZIP
Ft Myers FL 33905

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)