2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000083451

BRILL, MATTHEW B

NAVARRE, FL 32566

7116 NELSON ST

Name:

Address:

City-St-Zip:

Entity Name: AMERICAN WELL DRILLING, INC.

FILED Aug 25, 2003 Secretary of State

			New Patrick of Place of Produces	
Current P	rincipal Place	e of Business:	New Principal Place of Business:	
7116 NELS NAVARRE	SON ST E, FL 32566			
Current M	lailing Addre	ss:	New Mailing Address:	
7116 NELS NAVARRE	SON ST E, FL 32566			
FEI Number	: 56-2288455	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOO		.A.		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Age	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (BRILL, LARRY 7116 NELSON NAVARRE, FL	ST	Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V (JOHNSON, GE 7116 NELSON NAVARRE, FL	ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S (BRILL, CINDY 7116 NELSON NAVARRE, FL		Title: (Name: Address: City-St-Zip:	() Change () Addition
Title:	T ()	') Delete	Title:	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LARRY B. BRILL PD 08/25/2003