

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90041 017 \*\*\*150.00

**DOCUMENT # P03458**

Entity Name

**DRILLERS SERVICE OF NORTH CAROLINA, INC.**

Principal Place of Business

**1792 HIGHLAND AVENUE, N.E.  
P.O. DRAWER 1407  
HICKORY NC 28603**

Mailing Address

**1792 HIGHLAND AVENUE, N.E.  
P.O. DRAWER 1407  
HICKORY NC 28603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-0598253**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

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

TITLE ☐ Delete  
NAME **PTD REDDEN, RICHARD A.**  
STREET ADDRESS **1792 HIGHLAND AVE, N.E.**  
CITY-ST-ZIP **HICKORY NC 28601**

TITLE ☐ Delete  
NAME **VD DAMERON, L.R.**  
STREET ADDRESS **1792 HIGHLAND AVE, N.E.**  
CITY-ST-ZIP **HICKORY NC 28601**

TITLE ☐ Delete  
NAME **D INMAN, J. L.**  
STREET ADDRESS **202 MILES STREET**  
CITY-ST-ZIP **SYLVESTER GA**

TITLE ☐ Delete  
NAME **SD CLINE, R. W.**  
STREET ADDRESS **1792 HIGHLAND AVE, N.E.**  
CITY-ST-ZIP **HICKORY NC 28601**

TITLE ☐ Delete  
NAME **D DIXON, C.D.**  
STREET ADDRESS **106 SECOND ST., N.E.**  
CITY-ST-ZIP **HICKORY NC 28601**

TITLE ☐ Delete  
NAME **D GRIFFIN, W. N.**  
STREET ADDRESS **1003 RALEIGH RD.**  
CITY-ST-ZIP **SMITHFIELD NC**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

*Richard A. Redden*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

1/16/02

828-322-1100

CR2E034 (9/01)

Drillers Service, Inc.

56-0598253

*Attachments*  
*# P03458*

11. ~~X~~ continued

D

Penland, J. E.  
8219 Rear Cloverleaf Dr  
Millersville MD 21108

D

~~Spurrier, R. E.  
743 15<sup>th</sup> Ave NW  
Hickory NC 28601~~

307484

D

Moser, C. E.  
1792 Highland Ave NE  
Hickory NC 28601

D

Burke, G. C.  
147 Havenhurst Rd  
Hickory NC 28601