## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P17151

1. Entity Name



**FILED** Mar 03, 2003 8:00 am Secretary of State

TRI-SŤA1	TE DRILLIN	G, INC.						03-0	3-2003 90488	037 ***1	30.00
Principal Place of Business 16940 HWY. 55W PLYMOUTH MN 55446			Mailing Address 16940 HWY. 55W PLYMOUTH MN 55446				7 F 30 7 7				
2. Principal	Place of Busine	220	3 Ma	ailing Address							
3. Maining Address							ĺ				
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.				<del>-</del> ;	☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4 177/ 389/4			Applied For Not Applicable	
Zip		Country	Zip		Countr	у		5. Certificate of Status	Desired	\$8.75 Fee Rec	Additional
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM						Name					
1200 S. PINE ISLAND ROAD					Street Address (			P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324								<u>.</u> .	<del></del>		
LONIA	1011 1 1 33324	•									
<b>8</b> The share of the state of t						City FL Zip Code red office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obliga	e named entity : ations of register	submits this statement for ed agent.	the purp	ose of changing its r	registered	l office o	r registered	d agent, or both, in the	State of Florida. I a	ım familiar w	ith, and accept
	-	•									
SIGNATURE		printed name of registered agent ar	nd title if and	nlicable (NOTE:	: Begistered /	Inont ciano	hura raquilas d	nen reinstating)		<u> </u>	
	<del></del>			(1072	. Hogistaled A	Agent signa	e required wi	ien reinstating)	DAT	E 	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Car	mpaign Financing	\$1	5.00 May Be
∘ Make Chec	k Payable to I	lorida Department of	State					Trust Fund (	Contribution.	☐ Ād	ded to Fees
10.		OFFICERS AND D	IRECTO	RS	11,			ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECT	ODE IN 11
TITLE	P			☐ Delete	TITLE		D		5 TO OFFICERS A	Chang	
NAME	RIETHMILLER, H. WAYNE					Melcher, James M.					
STREET ADDRESS CITY-ST-ZIP	SS 317 LITTLE MISS MUFFET KEY LARGO FL 33037				STREET	ADDRESS	1	Bruce Avenue			
	V	FL 3303/		<del></del>	CITY-S1	r-ZIP	<del> </del>	, MN 55424			
TITLE NAME	EISELE, JOY	^E		X Delete	TITLE		V		_	☐ Chang	ge 🔣 Addition
	ł '				NAME	ADDRESS		ele, Randolph R.			
						- ZIP	ı	3rd Avenue			}
TITLE	ST			☐ Delete	TITLE		D D	uth, MN 5544	<u> </u>		
NAME	MELCHER, R	OBERT R				~ ₹:	ı –	miller,-Mark	-R	Chang	e 🛚 Addition
STREET ADDRESS	s 309 DIVISION STREET				STREET A		2712 1	12 Terraceview Ct.			
CITY-ST-ZIP	BUFFALO MI				CITY-ST	-ZiP	P1ymoi	uth, MN 5544	7		
TITLE		•		☐ Delete	TITLE		P			K Chang	e 🔲 Addition
NAME					NAME			miller, H. Wa			
STREET ADDRESS CITY-ST-ZIP					STREET A			ittle Miss M			
	<del> </del>				CITY-ST			argo, FL 330	37		
TITLE				☐ Delete	TITLE	ŀ	ST			▼ Change	a

12. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Melcher, Robert R.

Buffalo, MN 55313

309 Division Street

Change

☐ Change

☐ Addition

☐ Addition