

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25804

1. Entity Name

Rapad Oilfield Services, Inc.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90041 008 ***150.00

Principal Place of Business

Mailing Address

00045943

2. Principal Place of Business

217 West Capitol Street

Suite, Apt. #, etc.

Suite 201

City & State

Jackson, MS

3. Mailing Address

217 West Capitol Street

Suite, Apt. #, etc.

Suite 201

City & State

Jackson, MS

4. FEI Number

64-0683312

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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, 2000 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 NAME ☐ Delete

James, William R.
217 W. Capitol St.
Jackson, MS 39201

TITLE NAME ☐ Delete

Calhoon, Rick J.
217 W. Capitol St.
Jackson, MS 39201

TITLE NAME ☐ Delete

Rigney, James
217 W. Capitol St.
Jackson, MS 39201

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. James

3-20-2000

Date

601-948-5279

Daytime Phone #

CR2E034 (9/99)