2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Mar 24, 2000 8:00 am Secretary of State DOCUMENT # **P94000051306** SOUTHEAST DRILLING SERVICES. INC. 03-24-2000 90113 034 ***150.00 Mailing Address Principal Place of Business P.O. BOX 271723 11505 N. GRADY AVE. TAMPA FL 33688-1723 TAMPA FL 33688 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3252801 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZIEGLER, W.B. Street Address (P.O. Box Number is Not Acceptable) 11505 N. GRADY AVE. TAMPA FL 33624 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PTCM** □ Change ☐ Addition Delete TITLE TITLE ZIEGLER, W.B. NAME NAME STREET ADDRESS 11505 N. GRADY AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE ZIEGLER, SONYA P NAME NAME 11505 N. GRADY AVE. STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624-4715 ☐ Addition ☐ Delete Change TITLE TITLE ZIEGLER, JOHN B NAME NAME STREET ADDRESS 11505 N. GRADY AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624-4715 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ZIEGLER, WILLIAM C. NAME NAME STREET ADDRESS 11505 N. GRADY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME: NAME STREET ADDRESS 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

P. Ziegler 3-21-00

FILED