

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057319

1. Entity Name

EVANS WELL DRILLING, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90066 012 ***150.00

821553



DO NOT WRITE IN THIS SPACE

Principal Place of Business 471 PLEASANT ST LAKE HELEN FL 32744		Mailing Address 471 PLEASANT ST LAKE HELEN FL 32744-3031	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 246 Suite, Apt. #, etc.	
City & State		City & State Lake Helen FL	
Zip	Country	Zip	Country
32744	Volusia		

4. FEI Number 59-3257358	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

STERN, RONALD K CPA
3211 PONCE DE LEON BLVD
STE 305
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Mid Florida Financial
Street Address (P.O. Box Number is Not Acceptable): 718 W. New York Ave
City: Deland FL Zip Code: 32720

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: Juanita C. Evans DATE: 3-21-00

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, JAMES		NAME		
STREET ADDRESS	PO BOX 246 N/A		STREET ADDRESS		
CITY-ST-ZIP	LAKE HELEN FL 32744		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, BRIAN		NAME		
STREET ADDRESS	PO BOX 246 N/A		STREET ADDRESS		
CITY-ST-ZIP	LAKE HELEN FL 32744		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, JUANITA		NAME		
STREET ADDRESS	PO BOX 246 N/A		STREET ADDRESS		
CITY-ST-ZIP	LAKE HELEN FL 32744		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BINNING, KENNETH		NAME		
STREET ADDRESS	28044 HIBISCUS AVE		STREET ADDRESS		
CITY-ST-ZIP	PASLEY FL 32767		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Juanita C. Evans Date: 3-21-00 Daytime Phone #: 904-228-3919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)