FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P96000012992

FILED
02 MAY 15 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
COASTAL HORIZONTAL DRILLING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
~~1793 FIM Boulevard~~		~~1793 FIM Boulevard~~	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: ~~Fort Walton Beach, Fl.~~		City & State: ~~Fort Walton Beach, Fl.~~	
Zip: 32547	Country: USA	Zip: 32547	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~02-0573810~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Peter J. Williams
Street Address (P.O. Box Number is Not Acceptable): 1793 FIM Blvd Suite 100
City: Fort Walton Beach FL Zip Code 32547

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] Peter J. Williams President 1 April 02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 STREET ADDRESS CITY-ST-ZIP	President Peter J. Williams 1793 FIM Blvd Suite 100 Fort Walton Beach, Fl 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005611157--1 -05/27/02--01004--023 *****70.00 *****70.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ~~Peter J. Williams 01 April 02 (850)314-0090~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR