

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059637

1. Entity Name

PRECISION DRILLING, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90780 001 ***550.00

05-22-2001 90780 002 *****8.75

Principal Place of Business

Mailing Address

4627 10TH AVENUE, NORTH
 LAKE WORTH FL 33463
 US

4627 10TH AVENUE, NORTH
 LAKE WORTH FL 33463
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0681093

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, MICHAEL DAVID
 12798 FOREST HILL BOULEVARD
 SUITE 201A
 WELLINGTON FL 33414

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, 2001 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 PT ☐ Delete
 NAME CONRAD, RANDY N
 STREET ADDRESS 1499 SW 10TH STREET
 CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPS ☐ Delete
 NAME HAUGE, ERLING
 STREET ADDRESS 18991 OUTRIGGER LANE
 CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

Randy H. Conrad
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RANDY H. CONRAD 5-7-01 561-357-2972

CR2E034 (10/00)