

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90026 044 ***150.00

DOCUMENT # P96000100712

1. Entity Name
CDS HORIZONTAL DRILLERS, INC.

Principal Place of Business
83 OAK STREET
NORTH FORT MYERS FL 33903

Mailing Address
P.O. BOX 3587
NORTH FORT MYERS FL 33918
US

2. Principal Place of Business
173 W. Mariana Ave.
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 3587
Suite, Apt. #, etc.

City & State
N. Ft. Myers, FL.
Zip
33903
Country
Lee

City & State
N. Ft. Myers, FL.
Zip
33918
Country
Lee

4. FEI Number **65-0712904**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MULLETT, CHAD D
83 OAK STREET
NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name
Charisse E. Mullett
Street Address (P.O. Box Number is Not Acceptable)
173 W. Mariana Ave.
City
N. Ft. Myers
FL
Zip Code
33903

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 *Charisse E. Mullett* *Charisse E. Mullett* **4-9-02**
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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MULLETT, DANIEL W	
STREET ADDRESS	83 OAK STREET	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MULLETT, CHAD D	
STREET ADDRESS	83 OAK STREET	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MULLETT, CHARISSE E	
STREET ADDRESS	83 OAK STREET	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charisse E. Mullett* *Charisse E. Mullett* **4-9-02 941-693-5430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)