

2001 UNIFORM BUSINESS REPORT (UBR)

-AMENDED-

DOCUMENT

1. Entity Name

P97000045579

EAST COAST WELLS & PUMP SERVICES, INC.

Principal Place of Business

Mailing Address

P.O. Box 209

P.O. Box 209

St. Augustine, FL

St. Augustine, FL

32085-0204

32085-0204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3457276

Applied For

Not Applicable

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

KARL D. SWINDULL

1571 NORTHWOOD DRIVE

ST. AUGUSTINE, FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

32086-0204

-09/25/01--01017--019

City

***51-25

FL

Zip 32086-0204

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

Karl D. Swindull

Polly W. Swindull

9-14-01

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 D
NAME KARL D. SWINDULL
STREET ADDRESS 1571 NORTHWOOD DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32085-0204

☐ Delete

TITLE D
NAME Polly W. Swindull
STREET ADDRESS 1571 NORTHWOOD DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32085-0204

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Karl D. Swindull

Polly W. Swindull

9-14-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E034 (11/00)

FILED
01 SEP 21 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE