2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000078012 1. Entity Name ADVANCED TECHNOLOGY DIRECTIONAL BORING, INC.					FILED Apr 23, 2001 8:00 am Secretary of State 04-23-2001 90216 016 ***150.00		
Principal Place of Business 1246 U.S. HWY 331-N DEFUNIAK SPRINGS FL 32433		Mailing Address 1246 U.S. HWY 331-N DEFUNIAK SPRINGS FL 32433			-		
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 59-3466844 Applied For		
Zip	Country	Zip	Country		<ul> <li>S. Certificate of Status Desired</li> <li>5. Certificate of Status Desired</li> <li>5. Certificate of Status Desired</li> </ul>	م	
	6. Name and Address of Current R	tegistered Agent	Nam		7. Name and Address of New Registered Agent	1	
AMMONS, ROBBY A				Street Address (P.O. Box Number is Not Acceptable)			
1246 U.S. HWY 331-N DEFUNIAK SPRINGS FL 32433						I	
			City	·	FL Zip Code	I	
8. The above	named entity submits this statement for	the purpose of changing its	registered offic	e or registere	red agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent an	id title if applicable. (NOTE	Registered Agent si	gnature required	d when reinstating) DATE		
<ul> <li>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</li> </ul>		FILE NOW !!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		\$550.00	10. Election Campaign Financing       \$5.00 May Be         Trust Fund Contribution.       Added to Fees		
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	÷	
TITLE NAME STREET AODRESS CITY - ST - ZIP	VP JETTE, DENNIS W POST OFFICE BOX 808 RIVER R( DEFUNIAK SPRINGS FL 32435	Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	Ro	bby A. Animons Change XAddition sco. Hwy 181-C sco. Hwy 181-C	E034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AMMONS, PAMELA 1325 CO WHY 181-C PONCEDE LEON FL 32455	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP		Change Addition	CR2E00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Detete	TITLE NAME Street addres City-St-Zip	ss	Change Addition	:	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	Change 🗋 Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	55	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		Change 🗌 Addition		
changeu,	or on an allachment with an address, wi	his filing does not qualify for ue and accurate and that m rered to excepte this report a thall other like empowered.	the exemption s y signature sha is required by (	stated in Sec Il have the sa Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 11 or Block 12 if		
SIGNAT	URE:				4-18-01 Date Daytime Phone #		