

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90126 005 ***150.00

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DOCUMENT # P98000002731

1. Entity Name
EMERALD COAST DRILLING, INC.



Principal Place of Business
**713 EDGE STREET
FT. WALTON BEACH FL 32547**

Mailing Address
**713 EDGE STREET
FT. WALTON BEACH FL 32547**



2. Principal Place of Business
1163 Monahan Dr.
Suite, Apt. #, etc.

3. Mailing Address
1163 Monahan Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Fort Walton Beach FL
City & State
Fort Walton beach FL

4. FEI Number **59-3494190**
Applied For
Not Applicable

Zip
32547
Country
Ala00sa

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

**FOSTER, WILLIAM S
909 MAR WALT DR.,STE.1014
FT. WALTON BEACH FL 32547**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Foster, William S**
Signature, typed or printed name of registered agent and title if applicable.

4-1-03
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS			
TITLE	D	☐ Delete	
NAME	KELLY, JAMES M		
STREET ADDRESS	713 EDGE ST.		
CITY-ST-ZIP	FT.WALTON BEACH FL 32547		
TITLE	VP	☐ Delete	
NAME	CLARK, MICHAEL T		
STREET ADDRESS	713 EDGE ST		
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	President	☒ Change ☐ Addition	
NAME	1163 Monahan Dr.		
STREET ADDRESS	FTWB FL 32547		
CITY-ST-ZIP		☒ Change ☐ Addition	
TITLE	1163 Monahan Dr.		
NAME	FTWB FL 32547		
STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP			
TITLE	T	☐ Change ☒ Addition	
NAME	Travis Bailey		
STREET ADDRESS	1163 Monahan Dr.		
CITY-ST-ZIP	Fort Walton Beach FL 32547		
TITLE	C	☐ Change ☒ Addition	
NAME	Preston McMillan		
STREET ADDRESS	1163 Monahan Dr.		
CITY-ST-ZIP	FT Walton Beach FL 32547		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James M Kelly**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 850-951-0334
Date Daytime Phone #

CR2E034 (10/02)