## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P98000081630 SURE SHOT DIRECTIONAL DRILLING, INC. 01-20-2000 90210 010 \*\*\*150.00 Mailing Address Principal Place of Business 207 N WIGGINS ROAD 207 N WIGGINS ROAD PLANT CITY FL 33566-7359 PLANT CITY FL 33566 2. Principal 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 Applied For 59-3532766 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **HUTCHESON, TERRY** Street Address (P.O. Box Number is Not Acceptable) 207 N WIGGINS ROAD PLANT CITY FL 33566 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete NAME **HUTCHESON, TERRY** NAME STREET ADDRESS STREET ADDRESS 207 N WIGGINS ROAD CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HUTCHESON, VICKI A NAME NAME STREET ADDRESS STREET ADDRESS 207 N WIGGINS RD. CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 ☐ Change Addition TITLE ☐ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS 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.

FILED