

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90406 044 ***150.00

DOCUMENT # **P99000021786**

1. Entity Name
Drillmaster, Inc

Principal Place of Business Mailing Address **Same**
2505 South Decidue DR.
Crystal River, FL 34429

2. Principal Place of Business 7418 Blackberry Pt
 Suite, Apt. #, etc.

3. Mailing Address 7418 Blackberry Pt
 Suite, Apt. #, etc.

City & State Homosassa, FL
 Zip 34446 Country USA

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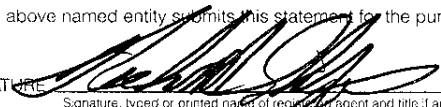
4. FEI Number 593565431
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Erwin A. Sexton
2505 South Decidue DR.
Crystal River, FL 34429

7. Name and Address of New Registered Agent
 Name **Richard K. Schippers**
 Street Address (P.O. Box Number is Not Acceptable) **3447 W. Promontory Dr.**
 City **Beverly Hills** FL Zip Code **34465**

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.

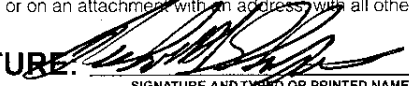
SIGNATURE  **Richard K. Schippers PRES** 4/6/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	ST Erwin Sexton 2505 S. Decidue DR Crystal River, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shane Schippers 7418 S. Blackberry St Homosassa, FL 34446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard K. Schippers 3447 W Promontory DR Pres. Beverly Hills, FL 34465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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  **Richard K. Schippers Pres** 4/6/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **352 628-3785**

CR2E034 (11/00)