2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900063924

1. Entity Name

GEO-TECH DRILLING SERVICES, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90075 027 ***150.00

| Principal Place of Business SS WISTA Rt CT. PALM MARGOR PL 94895-2800 2. Principal Place of Business SS WISTA Rt CT. PALM MARGOR PL 94895-2800 Suite, Apr. # etc. S | alo-ilo | TONIELING SERVICES, III | ю. | | | |
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| Suite, Apt. # otc. City & State | 2. Principal F | Place of Business | | | | |
| City & State Check Here: in MAKING CHANGES Applied For Not Applied Not Applied For Not Appl | Suite Ant | # atc | | (159 | <u> </u> | |
| Spring S | Suite, Apt. | . #, etc. | Suite, Apr. #, etc. | | CHECK HERE IF MAKING CHANGES | |
| Signature Sign | City & Stat | te | 1 OZONA, | PI | 3953309010 | le |
| DIMARCO, ROBERT F 3444 E. LAKE RD., STE. 412 PALM HARBOR FL 34885 Oity 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After M | Zip | Country | Zip 34660 | | 5 Certificate of Status Desired 38:75 Additional | |
| DIMARCO, ROBERT F 3444 E. LAKE RD., STE. 412 PALM HARBOR FL 34685 City FL Zip Code City FL Zip Code City FL Zip Code City FL Signature, speed or printed name of registered agent and the # approximate in the obligations of registered agent. In the obligations of registered agent agent and the # approximate in the obligations of registered agent agent and the # approximate in the obligations of registered agent agent and the # approximate in the # approxima | | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent | \exists |
| Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City | DIMARCO | DOREDT E 14 | | Name | | |
| PALM HARBOR FL 34685 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 and title I applicable. (INOTE: Registered Agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title I applicable. (INOTE: Registered Agent or positive diagent and title I applicable. (INOTE: Registered Agent or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title I applicable. (INOTE: Registered Agent | | · . | | Street Addres | ss (P.O. Box Number is Not Acceptable) | ٦ |
| 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 Signature, typed or printed nume of registered agent and their applicable. (NOTE: Registered Agent algorature required when reinstating) DATE | | | | | 1 | 1 |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS | - A | · | | | | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM | SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NO | TE: Registered Agent signature requ | uired when reinstating) DATE | |
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| 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 noth; that I am an officer or director | 12. Thereby o | certify that the information supplied with | n this filing does not qualify fo | or the exemption stated in | Section 119.07(3)(i), Florida Statutes. I further certify that the information | \dashv |

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:

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICE AND DIRECTOR

4/1/03 727-492.0005