

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069015

1. Entity Name

CG DIRECTIONAL BORING, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90098 029 ***150.00

C0052322



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9915 TAMiami TRAIL NORTH SUITE 2 NAPLES FL 34108	Mailing Address 9915 TAMiami TRAIL NORTH SUITE 2 NAPLES FL 34108-1920
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

2. Principal Place of Business 25335 PINSON DRIVE Suite, Apt. #, etc.	3. Mailing Address 25335 PINSON DRIVE Suite, Apt. #, etc.
City & State BONITA SPRINGS FL Zip 34135 Country	City & State BONITA SPRINGS FL Zip 34135 Country

4. FEI Number 59-3591163	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--------------------------------------------------------

6. Name and Address of Current Registered Agent
LAMB, JEFFREY R
9915 TAMiami TRAIL NORTH SUITE 2
NAPLES FL 34108

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Marilyn C. Guyton President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-31-2000

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP GUYTON, MARILYN C 25335 PINSON DRIVE BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 12, or on an attachment with an address, with all other like empowered.

CR2E034 (9/99)