

Amended

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 24 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109575

1. Entity Name JT's Well Drilling, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1835 N. Fort Christmas Rd

3. Mailing Address

PO Box 620927

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Christmas, FL

City & State
Oviedo, FL

4. FEI Number

59-3612903

Applied For

Not Applicable

Zip
32762-0927

Country
Orange

Zip
32762-0927

Country
Ocmulgee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Tony L. Neese

Street Address (P.O. Box Number is Not Acceptable)

1835 N. Fort Christmas

City
Christmas

FL

Zip Code
32765

**DO NOT WRITE
IN THIS SPACE**

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 name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when consulting)

DATE

6/19/03

January - May 1, 2003 \$50.00
After May 1, 2003 \$55.00
Amended UBR \$5.00
Late Fee \$1.00 per day
Late Fee \$1.00 per day
Late Fee \$1.00 per day

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Tony L. Neese
PO Box 620927
Oviedo, FL 32762-0927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700021112047
06/24/03--01059--001 **\$1.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE - President
James E. Hewitt Sr.
PO Box 620927
Oviedo, FL 32762-0927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/03 (40) 365-4800

Date

Daytime Phone #

CRZE034B (12/02)

6/125