

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06015

1. Entity Name

JOHN'S WELL DRILLING, INC.

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90013 035 ***150.00

Principal Place of Business

3020 HARLOCK ROAD
MELBOURNE FL 32934

Mailing Address

3020 HARLOCK ROAD
MELBOURNE FL 32934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3107464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOCK, SHIRLEY D
3020 HARLOCK RD
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name

JOHN L. MOCK

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

3020 HARLOCK Rd.

City

Melbourne

FL

Zip Code

32934

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

John L. Mock

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-01

9. 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, 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MOCK, JOHN L.	
STREET ADDRESS	3020 HARLOCK RD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	MOCK, SHIRLEY D.	
STREET ADDRESS	3020 HARLOCK RD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPF	<input type="checkbox"/> Delete
NAME	MOCK, MARK	
STREET ADDRESS	123 DALE AVE APT. B	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	PELTIER, JOHN	
STREET ADDRESS	123 DALE AVE APT. A	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

John L. Mock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pres. 1-8-01 321-254-9668

Date

Daytime Phone #

CR2E034 (10/00)

0080143