

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64740

1. Entity Name  
**E. L. BRYANT WELL DRILLING, INC.**

FILED  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90054 002 \*\*\*150.00

Principal Place of Business <b>C/O LOWRY &amp; WATSON, CPA 133 HOSPTAL DR NE FT. WALTON BEACH FL 32548</b>	Mailing Address <b>C/O LOWRY &amp; WATSON, CPA 133 HOSPTAL DR NE FT. WALTON BEACH FL 32548</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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<b>BRYANT, E. L. 1557 HWY 98 WEST MARY ESTHER FL 32569</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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.

SIGNATURE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent: signature required when reconstituting)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <small>(See criteria on back)</small> <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</b>
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10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
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**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>BRYANT, E. L.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>1557 HWY 98 WEST</b>		NAME <b>MARY ESTHER FL 32569</b>	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <b>BRYANT, JESSIE A</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>1557 HWY 98 W</b>		NAME <b>MARY ESTHER FL 32569</b>	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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

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

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

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 *Ernest L. Bryant* - ERNEST L. BRYANT - 4/27/01 - 850-585-7659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)