

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000051778

**Entity Name:** HOLE IMPROVEMENTS, INC.

**Current Principal Place of Business:**

121 BEACH HAVEN LANE  
TAMPA, FL 33609

**Current Mailing Address:**

PO BOX 11033  
ST PETERSBURG, FL 33733 US

**FEI Number: 88-3144990**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ORTIZ, JENNIFER  
121 BEACH HAVEN LANE  
TAMPA, FL 33609 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ORTIZ, JENNIFER  
Address 121 BEACH HAVEN LANE  
City-State-Zip: TAMPA FL 33609

Title D  
Name EUSEBIO, CHRISTIAN  
Address 121 BEACH HAVEN LANE  
City-State-Zip: TAMPA FL 33609

Title D  
Name STURGESS, GRADY  
Address 1950 GRAND LANIER DRIVE  
City-State-Zip: BUFORD GA 30518

Title D  
Name ORTIZ, MICHELLE  
Address 10732 PLANTATION BAY DRIVE  
City-State-Zip: TAMPA FL 34667

Title D  
Name RICHARDSON, SHERMAN  
Address 6703 CLARK ST  
City-State-Zip: HUDSON FL 34667

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JENNIFER ORTIZ**

**PRIMARY DIRECTOR**

**05/12/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date