

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90198 039 ***150.00

DOCUMENT # K92238

1. Entity Name
BLUE HOLE INVESTMENT CORPORATION



Principal Place of Business
**2740 DOYLE RD
DELTONA FL 32738**

Mailing Address
**2740 DOYLE RD
DELTONA FL 32738**

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 **59-2964876**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HUNDLEY, JOHN L
1604 HORSESHOE RD.
ENTERPRISE FL 32725**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HUNDLEY, JOHN L**
STREET ADDRESS **1604 HORSESHOE RD**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **WOLF, WILLIAM H**
STREET ADDRESS **1626 AIRMONT AVE.**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SUESS, STANLEY E**
STREET ADDRESS **2921 FLYN ST.**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NORVILLE, ERNEST**
STREET ADDRESS **950 MILLEN BECK AVE.**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GRIFFIN, WILLIAM E**
STREET ADDRESS **1047 MAYFLOWER AVE.**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☒ Addition
NAME **SUESS MARY L.**
STREET ADDRESS **2921 FLYNN ST**
CITY-ST-ZIP **DELTONA FL 32738-1368**

TITLE **D** ☐ Delete
NAME **SHERMAN, CHARLES**
STREET ADDRESS **2260 MATTHEW CIR.**
CITY-ST-ZIP **DELTONA FL 32735**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address with all other lines empowered.

SIGNATURE:

Stanley E. Suess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4-13-03** (386) 789-0997
Daytime Phone #

CR2E034 (10/02)