2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109200

1. Entity Name

DEEP BLUE INVESTMENTS, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90078 021 ***150.00

Principal Place of Business 1847 BAYOU GRANDE BOULEVARD NORTHEAST SAIUNT PETERSBURG FL 33703 Mailing Address 1847 BAYOU GRANDE BOULEVARD NORTHEAST SAIUNT PETERSBURG FL				
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3683215 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	t Registered Agent		7. Name and Address of New Registered Agent
			Name	
WHITACRE, WHITNEY 1847 BAYOU GRANDE BLVD NE			Street Addres	ss (P.O. Box Number is Not Acceptable)
SAINT PETERSBURG FL 33703				
OMINI I E	ILIODONA I E 00.00		City	FL Zip Code
the obligat	Signature, typed of printed hame of registered age	tu An	EL DTE: Registered Agent signature requ	istered agent, or both, in the State of Florida. 1 am familiar with, and accept ///3/o3 pulred when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department) of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP*	PD WHITACRE, WHITNEY 1847 BAYOU GRANDE BOULEY SAIUNT PETERSBURG FL 3370	☐ Delete /ARD NORTHEAST	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	VD WHITACRE, DONALD 1847 BAYOU GRANDE BOULE	☐ Delete /ARD NORTHEAST	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	SAIUNT PETERSBURG FL 3370 STD MITCHELL, MICHAEL 1847 BAYOU GRANDE BOULE	✓ Delete VARD NORTHEAST	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAIUNT PETERSBURG FL 3370	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	f	☐ Delete	TITLE NAME	☐ Change ☐ Addition

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 trusted empowered to exercise 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 applicase, with all other like expowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #