

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90107 050 ***150.00

DOCUMENT # P96000080436

1. Entity Name

MOLE HEAD CONSTRUCTION AND BORING, INC.

Principal Place of Business

**POST OFFICE BOX 1064
 303 EAST MOODY BOULEVARD
 BUNNELL FL 32110**

Mailing Address

**P.O. BOX 354684
 PALM COAST FL 32135**

2. Principal Place of Business

26 WOODWORTH DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALM COAST, FLORIDA

City & State

Zip

Country

32164

U.S.

Zip

Country

4. FEI Number

59-3404013

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HORTON, CHRIS
 26 WOODWORTH DRIVE
 PALM COAST FL 32164**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **D** ☐ Delete
 NAME **HORTON, CHRIS**
 STREET ADDRESS **303 E MOODY BLVD**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **HORTON, CHRIS**
 STREET ADDRESS **26 WOODWORTH DRIVE**
 CITY-ST-ZIP **PALM COAST, FLORIDA 32164**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

CHRIS HORTON

FEB. 12, 2002 (386) 446-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)