

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90276 018 ***150.00

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DOCUMENT # S60849

1. Entity Name

DWIGHT HOLE REMODELING, INC.



Principal Place of Business

162 VENUS LANE
ORANGE PARK FL 32073

Mailing Address

P.O. BOX 475
ORANGE PARK FL 32067-0475

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 **59-3078260**

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

SANTORO, THOMAS C., ESQUIRE
1700 WELLS ROAD
SUITE 5
ORANGE PARK FL 32073

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

TITLE **P** ☐ Delete
NAME HOLE, BRUCE
STREET ADDRESS 1315 E HOWAY
CITY-ST-ZIP DELAND FL 32724

TITLE **ST** ☒ Delete
NAME HOLE, KATHLEEN
STREET ADDRESS 2260 YELLOW PINE CT
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **P** ☐ Change ☒ Addition
NAME HOLE, DWIGHT
STREET ADDRESS 162 VENUS LN.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE **D** ☐ Change ☒ Addition
NAME HOLE, ERIC
STREET ADDRESS 162 VENUS LN.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE **D** ☐ Change ☒ Addition
NAME HOLE, BRIAN
STREET ADDRESS 2260 YELLOW PINE CT.
CITY-ST-ZIP ORANGE PARK, FL 32073

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 an other like empowered.

SIGNATURE:

Dwight Hole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (904) 614-8463
Date Daytime Phone #

CR2E034 (10/02)