FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90207 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043833

1. Entity Name
DOLPHIN TANKER SYSTEMS, INC.

Principal Place of Business	Mailing Address
4403 BUSINESS LANE PLANT CITY, FL 33567 US	4403 BUSINESS LANE PLANT CITY, FL 33567 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3255 Mulford Road	PO Box 558
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mulberry FLORIDA	City & State: Mulberry, FLORIDA
Zip: 33860 Country: US	Zip: 33860 Country: US

4. FEI Number: 59-3245282 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, JAMES W III 100 NORMANDY TRACE RD TAMPA, FL 33602	Name: Martin, James W. III Street Address (P.O. Box Number Is Not Acceptable): 1411 Lake Lucerne Way #103 City: Brandon FL Zip Code: 33511

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] James W. Martin III   4-30-03
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 NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, JAMES III 925 STRATFORD MANOR DR BRANDON, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Martin, James W III 1411 Lake Lucerne Way #103 Brandon, FL 33511 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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CR2E034 (10/02)

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 like empowered.

SIGNATURE: [signature] James W. Martin III   4-30-03   863-425-1964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #