

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H56172

1. Entity Name
DOLPHIN ALUMINUM, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90265 039 ***150.00

Principal Place of Business

Mailing Address

% GREGORY H. MOORE
2750 N. FEDERAL HWY
STUART FL 34994

% GREGORY H. MOORE
2750 N. FEDERAL HWY
STUART FL 34994



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

883 NE Dixie Hwy
Suite, Apt. #, etc.

883 NE Dixie Hwy
Suite, Apt. #, etc.

Suite 2
City & State

Suite 2
City & State

Jensen Beach
Zip

Jensen Beach
Zip

34957
Country

34957
Country

4. FEI Number **59-2532508**

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

MOORE, GREGORY H.
2750 N. FEDERAL HWY
STUART FL 34994

Name **Gregory Moore**
Street Address (P.O. Box Number is Not Acceptable)
883 NE Dixie Hwy
Suite 2
City **Jensen Beach** **FL** Zip Code **34957**

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 *Greg Moore* DATE *04/10/01*
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MOORE, GREGORY**
STREET ADDRESS **2511 NE PINECREST LK BLV**
CITY-ST-ZIP **JENSEN BEACH FL**

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

TITLE **STD** ☐ Delete
NAME **MOORE, PATRICIA**
STREET ADDRESS **2511 NE PINECREST LK BLV**
CITY-ST-ZIP **JENSEN BEACH FL**

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

TITLE **VD** ☐ Delete
NAME **WEST, CHARLES**
STREET ADDRESS **2511 NE PINECREST LK BLV**
CITY-ST-ZIP **JENSEN BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Greg Moore* *Greg Moore* *4/10/01* *692-1454*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)