

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90099 025 \*\*\*150.00

**DOCUMENT # L19910**

**1. Entity Name**  
**DOLPHIN INNOVATIONS, INC.**



**Principal Place of Business**  
**8260 VICO COURT**  
**UNIT A**  
**SARASOTA FL 34240**

**Mailing Address**  
**8260 VICO COURT**  
**UNIT A**  
**SARASOTA FL 34240**

10063320



**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** **65-0150722**

**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**

**7. Name and Address of New Registered Agent**

**O'BRIEN, BRIAN E.**  
**8260 VICO COURT**  
**SARASOTA FL 34240**

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

2/24/03

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	O'BRIEN, BRIAN E	
STREET ADDRESS	4705 ACORN CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROCK, JEFFREY	
STREET ADDRESS	4706 22ND STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SEC-TREA.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, REBECCA	
STREET ADDRESS	12028 WHISTLING WAY	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKINSEY, JAMES	
STREET ADDRESS	6307 32ND AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McNICHOLAS, DANIEL	
STREET ADDRESS	6120 AVIARY CT.	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUNKEL, MICHAEL	
STREET ADDRESS	3013 WILLIAMSBURG ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SEC-TREA.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 941-379-9995

Daytime Phone #

CR2E034 (10/02)