

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L54275

1. Entity Name

DOLPHIN POOLS BY AQUA DOC, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90057 012 ***550.00

Principal Place of Business

3814 S 1ST ST
LAKE CITY FL 32025
US

Mailing Address

% DOUGLAS A. POWERS
P.O. BOX 1771
LAKE CITY FL 32056-1771

2. Principal Place of Business

11459 Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address

Dolphin Pools
11459 Beach Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Fla

City & State

Jacksonville, Fla.

4. FEI Number

59-3004538

Applied For

Not Applicable

Zip

32216

Country

U.S.

Zip

32216

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWERS, DOUGLAS A. -
3814 SOUTH FIRST STREET
LAKE CITY FL 32025

new
address

7. Name and Address of New Registered Agent

Name: Powers Douglas A. -
Street Address (P.O. Box Number is Not Acceptable):
Rt. 10 Box 888
City: Lake City FL Zip Code: 32025

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: P
NAME: POWERS, DOUGLAS A.
STREET ADDRESS: RT. 10 BOX 888
CITY-ST-ZIP: LAKE CITY FL 32025 ☐ Delete

TITLE: ST
NAME: POWERS ANNA MARIE
STREET ADDRESS: RT. 10 BOX 888
CITY-ST-ZIP: LAKE CITY FL 32025 ☐ Delete

TITLE: VP
NAME: POWERS, DOUGLAS A II
STREET ADDRESS: ROUTE 10, BOX 888
CITY-ST-ZIP: LAKE CITY FL 32025 ☒ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: VP
NAME: Powers Douglas Alex, II
STREET ADDRESS: 166 South Roscoe Blvd.
CITY-ST-ZIP: Ponte Vedra Beach FL 32082 ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00

Date

904 642 1210

Daytime Phone #

CR2E034 (5/00)