

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L58723

i. Entity Name

DOLPHIN C'S, INC.

FILED

00 JUL 24 AM 7:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

COLORADO AVE

735 COLORADO AVE

SUITE 4

STUART FL 34994-3031

2. Principal Place of Business

3. Mailing Address

1740 SW Martin Downs Blvd

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE
6/30/00 9005 03 \$150.00

4. FEI Number 94-3113976

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

OSBERG, JAMES
1162 SW PELICAN CRES.
PALM CITY FL 34990

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

KE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

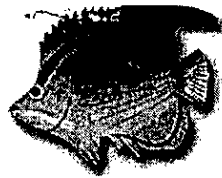
Daytime Phone #

4-17-00

561-219-3260

CR2E034 (9/99)

2 of 2



DOLPHIN C'S, INC.

June 23, 2000

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I contacted your office today and spoke with Michelle.

I sent our annual report along with a check to your office on April 17, 2000. I noticed from bank statements that the check never cleared, nor have I received it back in the mail.

Michelle from you office said to send a copy of the report and a copy of the original check, along with a replacement check and this letter. Michelle stated that there is a chance that the original envelope may still be somewhere in your offices. I will go ahead and do a stop payment on check #7398 so when it turns up you do not have to return it to me.

If you have any questions you can contact me at (561) 219-3266. Thank you for your assistance regarding this matter.

Sincerely,

LuAnn Osberg

LAO:lao
Encl.