

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002672

1. Entity Name

DOLPHIN ECOLOGY PROJECT, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90206 037 ****61.25

Principal Place of Business

134 OCEAN VIEW DR
TAVERNIER FL 33070

Mailing Address

134 OCEAN VIEW DR
TAVERNIER FL 33070

2. Principal Place of Business

3. Mailing Address

P.O. Box 1142

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key Largo, FL

Zip

Country

Zip

Country

33037

USA

4. FEI Number

65-0887437

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

MADER, DON
7977 SW JACK JAMES DR
STUART FL 34997

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HAMPP, JOY
STREET ADDRESS PO BOX 1205
CITY-ST-ZIP HOBE SOUND FL 33475-1205

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

TITLE VSD ☐ Delete
NAME ENGLEBY, LAURA
STREET ADDRESS 134 OCEAN VIEW DR
CITY-ST-ZIP TAVERNIER FL 33070

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

TITLE VD ☐ Delete
NAME MADER, DON
STREET ADDRESS 561 TIMBER TRAIL
CITY-ST-ZIP STUART FL 34997

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

TITLE D ☐ Delete
NAME MORSE, ANDREW
STREET ADDRESS 130 WATTS STREET APT 65
CITY-ST-ZIP NEW YORK NY 10013

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

TITLE D ☐ Delete
NAME MOEN, PAUL D
STREET ADDRESS 18112 MEYZ DRIVE
CITY-ST-ZIP GERMANTOWN MD 20874

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura K Engleby
President

23 JAN 02 305-394-0199

Date

Daytime Phone #

CR2E037 (9/01)