

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90176 030 ***158.75

DOCUMENT # P00000017474

1. Entity Name
DELFI DOG, INC.



Principal Place of Business
**1230 PIERCE ST
HOLLYWOOD FL 33019**

Mailing Address
**1230 PIERCE ST
HOLLYWOOD FL 33019**

2. Principal Place of Business
✓ 108 Broken Pottery Drive
Suite, Apt. #, etc.

3. Mailing Address
✓ 108 Broken Pottery Drive
Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

Zip
32082

Country
USA

Zip
32082

Country
USA

4. FEI Number **65-0994103**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEHRENS, RANDALL
1230 PIERCE ST
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

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

108 Broken Pottery Drive

City **Ponte Vedra Beach, FL** Zip Code **32082**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPS**
NAME **BEHRENS, RANDALL** ☐ Delete
STREET ADDRESS **1230 PIERCE ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **✓ 108 Broken Pottery Drive**
STREET ADDRESS **Ponte Vedra Beach, FL 32082**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03

Date

904-626-0959

Daytime Phone #

CR2E034 (10/02)