

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90165 038 ***158.75

DOCUMENT # P00000064081	
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1. Entity Name DOLBY DECKING, INC.	Principal Place of Business 510 OLD VENICE ROAD OSPREY FL 34229	Mailing Address 510 OLD VENICE ROAD OSPREY FL 34229
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2. Principal Place of Business 4153 Wilmette Place Suite, Apt. #, etc.	3. Mailing Address 4153 Wilmette Place Suite, Apt. #, etc.
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City & State Sarasota FL	City & State Sarasota FL
Zip 34233-3618	Country USA

4. FEI Number 65-1048767	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 DOLBY, GREG 510 OLD VENICE ROAD OSPREY FL 34229

7. Name and Address of New Registered Agent Name: GREG DOLBY Street Address (P.O. Box Number is Not Acceptable): 4153 Wilmette Place City: SARASOTA FL Zip Code: 34233-3618

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:  DATE: 3-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

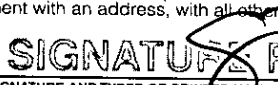
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	☐ Delete
NAME DOLBY, GREGORY W	
STREET ADDRESS 510 OLD VENICE RD.	
CITY-ST-ZIP OSPREY FL 34229	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 President	☒ Change ☐ Addition
NAME Gregory W. Dolby	
STREET ADDRESS 4153 Wilmette Place	
CITY-ST-ZIP Sarasota FL 34233-3618	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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 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

3-14-03

Date Daytime Phone #

CR2E034 (10/02)