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FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 20, 2001 8:00 am DOCUMENT # POOCOOTO114-**Secretary of State** DOIPHIN ENTERPRISE SERVICES, INC. 05-22-2001 90064 021 \*\*\*\*61.25 06-20-2001 90016 004 \*\*\*\*88.75 Principal Place of Business Mailing Address 3141 138<sup>7</sup> PLACE N. LARGO, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. -- Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired . 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 Zip Code FL 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 algneture required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to-Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PRESIDENT Delete MLE ☐ Addition NAME EBY NAME STREET ADDRESS 3141 138TH PLACE N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oclete Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST-7IP TITLE ☐ Delete ☐ Channe ☐ Addition TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-7IP 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.