

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90095 045 \*\*\*150.00

DOCUMENT # P00000091580

1. Entity Name  
DOLPHIN INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business

343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Mailing Address

343 ALMERIA AVENUE  
CORAL GABLES FL 33134

2. Principal Place of Business

370 West Hwy 54  
Suite, Apt. #, etc.

3. Mailing Address

478 Squire Dr.  
Suite, Apt. #, etc.

City & State

Camden MD

City & State

Wellington FL

Zip

65020

Country

U.S.A.

Zip

33414

Country

U.S.A.

4. FEI Number

65-1059356

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

John Dixon

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

370 West Hwy 54 Squire Dr.

City

Wellington

FL

Zip Code

33414

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

John Dixon

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

(NOTE: Registered Agent signature required when reinstating)

4/23/01

DATE

9. 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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Dixon	
STREET ADDRESS	478 Squire Dr.	
CITY - ST - ZIP	Wellington FL 33414	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Dixon	
STREET ADDRESS	370 W. Hwy 54	
CITY - ST - ZIP	Camden MD 65020	
TITLE	Vice President of Sales & Marketing	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlie Bull	
STREET ADDRESS	11 Oak Creek	
CITY - ST - ZIP	Osage Beach MO 65065	
TITLE	Vice President of Laboratory Affairs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Koeninger	
STREET ADDRESS	Rt 2 Box 22005	
CITY - ST - ZIP	Linn Creek, MO 65052	
TITLE	U.P. of Engineering & Maintenance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles J. Budt	
STREET ADDRESS	Lake Rd. 5776	
CITY - ST - ZIP	Camden MD 65020	
TITLE	Secretary and Treasury	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Farrell	
STREET ADDRESS	P.O. Box 364	
CITY - ST - ZIP	Osage Beach MO 65065	

13. 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:

John Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 573-317-0480

Date

Daytime Phone #

CR2E034 (10/00)