## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P01000020235 DOCUMENT #

1. Entity Name

DOLPHIN VILLAS I, INC.



01-17-2003 90036 040 \*\*\*150.00

**FILED** 

Jan 17, 2003 8:00 am Secretary of State

Principal Place of Business 18017 S TAMIAMI TRAIL 16

PMB 109

FORT MYERS FL 33908-4695

2. Principal Place of Business

Mailing Address 19011 S TAMIAMI TRAIL 16

PMB 109

FORT-MYERS FL 33909 4605

1016-102 W. Cafe Geal Phys	Mailing Address 616-102W.	CAPE CON	eal PKu			<b>iali baila</b> ([ <b>0</b> ,	
BOX Ald	Suite, Apt. #, etc.			1	ERE IF MAKING	CHANGE	:S
City State Count IL (	POR COR		4.	FEI Number 65-10776	51	<del></del>	Applied For Not Applicable
33914 266	33914	Country	5.	Certificate of Status Desire		<b>\$8.75</b> A Fee Requi	dditional
6. Name and Address of Current Regis	stered Agent ~ - ~ -		7.	Name and Address of Ne			
REYES, ZONIA C		Name					
24 S EXUMA RD		Street A	Address (P.O.	Box Number is Not Accept	able)		<del></del>
KEY LARGO FL 33037			<del></del>		<del></del>	<del></del>	
		City			FL	Zip Co	
<ol> <li>The above named entity submits this statement for the p the obligations of registered agent.</li> </ol>	ourpose of changing its r	registered office o	r registered a	gent, or both, in the State o	Florida. Lam f	amiliar with	and accept
the obligations of registered agent.				, , , , , , , , , , , , , , , , , , , ,	10.000	A. 1111161 99161	i, and accept
SIGNATURE Signature, typed or printed name of registered agent and title in	if anglicable (NOTE	6					
FILE NOW!!! FEE IS \$150.00	applicable. (NO1E:	Registered Agent signat	lure required when a	reinstating)	DATE		
After May 1, 2003 Fee will be \$550.00				9. Election Campaign	Financing	\$5 (	00 May Be
Make Check Payable to Florida Department of State	e			Trust Fund Contrib			ed to Fees
10. OFFICERS AND DIREC	CTORS	11,	ΑĒ	L DDITIONS/CHANGES TO (	OFFICERS AND	DIRECTOR	RS IN 11
TITLE PTD  NAME REYES, ZONIA C	☐ Delete	TITLE				Change	☐ Addition
STREET ADDRESS 24 S EXUMA RD		NAME STREET ADDRESS					
KEY LARGO FL 33037		CITY-ST-ZIP					
TITLE VSD	Delete	TITLE	2	# 213		Change	Addition
NAME REYES, JOSEPH STREET ADDRESS TRITT'S TANIAMI TRAIL 10 CMP #400	•	NAME	1616	4 212 102 W CAAG	Creal 1	Diz	Addition ;
TRUTT S TAMIAMI TRAIL 18 PMB #109 CITY-ST-ZIP FORT MYERS FL 33908-4893	-	STREET ADDRESS CITY-ST-ZIP	Capa	#212 -102W. Cape Obral, Fl	2201	rioq	•
TITLE .	Delete -		CITYE	WICHT, IT	93711		
IAME	Delete .	NAME				Change	☐ Addition
ITREET ADDRESS		STREET ADDRESS					
TLE	<del></del>	CITY-ST-ZIP					•
AME	☐ Delete	TITLE				☐ Change	Addition
TREET ADDRESS		NAME STREET ADDRESS					
ITY-ST-ZIP		CITY-ST-ZIP					1
TLE	☐ Delete	TITLE		<u> </u>		Change	
AME Freet Address		NAME			L		Addition
TY-ST-ZIP		STREET ADDRESS					
TLE .	☐ Delete	CITY-ST-ZIP		<del></del>		<u></u> :	
ME	∟ Delete	TITLE NAME				Change	☐ Addition
REET ADDRESS		STREET ADDRESS					
TY-ST-ZIP		CITY-ST-ZIP					İ
<ol><li>I hereby certify that the information supplied with this filin indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address with all or</li></ol>	ng does not qualify for the d accurate and that my so o execute this report as other like empowered.	e exemption state signature shall hav required by Chap	d in Section 1 ve the same le ter 607, Florida	19.07(3)(i), Florida Statutes egal effect as if made under a Statutes; and that my nar	. I further certify oath; that I am ne appears in B	that the in an officer of lock 10 or	formation or director Block 11 if

SIGNATURE:

TE REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR