

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90087 028 ***150.00

DOCUMENT # P01000106367

1. Entity Name
DOLPHIN BAY GRAPHICS, INC.

Principal Place of Business
14921 GENTILLY PLACE
TAMPA FL 33624

Mailing Address
14921 GENTILLY PLACE
TAMPA FL 33624

2. Principal Place of Business
6315 Anderson Road
 Suite, Apt. #, etc.

3. Mailing Address
6315 Anderson Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL
 Zip
33634

Country
USA

City & State
Tampa, FL
 Zip
33634

Country
USA

4. FEI Number
59-3759689

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SAGE, MICHAEL
14921 GENTILLY PLACE
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Michael* (NOTE: Registered Agent signature required when reinstating) 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D SAGE, MICHAEL 14921 GENTILLY PLACE TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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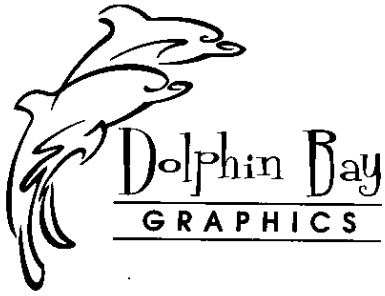
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: *Michael* **REQUIRED**

9/9/02

813-890-8858

CR2E034 (4/02)



Attachment

#PO1000 106367

September 9, 2002

To Whom It May Concern:

This letter is being written to notify you that an original notice was not received. The Gentilly location is a residential address and mail is not received there from time to time. The Anderson location is now the permanent and full-time address of the business, and as such all correspondence should be forwarded there.

Also, in accordance with the above explanation and the "Frequently Asked Questions" in the notice directions, a check for \$150.00 is included.

Thank you for your time.

Sincerely,

Michael C. Sage
Director