

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90045 041 \*\*\*150.00

**DOCUMENT # P02000029257**

**1. Entity Name**  
**GREG DOLPHIN ENTERPRISES, INC.**



**Principal Place of Business**  
**1430 TAMPA EAST BLVD.**  
**TAMPA FL 33602**

**Mailing Address**  
**1430 TAMPA EAST BLVD.**  
**TAMPA FL 33602**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

03-0419424

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**

**SCHIAVON, RALPH**  
**1430 TAMPA EAST BLVD.**  
**TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

Name

Dolphin, Gregory

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

1430 Tampa East Blvd

City

Tampa

FL

Zip Code

33609

**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**

*Greg Dolphin*

4/23/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** **D** ☒ Delete  
**NAME** **SCHIAVON, RALPH**  
**STREET ADDRESS** **2526 WOOD OAK DR.**  
**CITY-ST-ZIP** **SARASOTA FL 34232**

**TITLE** **D** ☐ Delete  
**NAME** **DOLPHIN, GREGORY**  
**STREET ADDRESS** **1430 TAMPA EAST BLVD.**  
**CITY-ST-ZIP** **TAMPA FL 33602**

**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** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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:**

*Greg Dolphin*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/23/03

Date

Daytime Phone #

CR2E034 (10/02)