

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90713 042 ***150.00

DOCUMENT # P93000010669

1. Entity Name

M/V POLLY DORISA, INC



DO NOT WRITE IN THIS SPACE

11039109

2. Principal Place of Business

16165 HARRELL AVE

Suite, Apt. #, etc.

3. Mailing Address

POB 2474

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

4. FEI Number

Applied For

Not Applicable

Zip

33959

Country

USA

Zip

33959

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RUDOLPH K MATLAND

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

12995 S CLEVELAND AVE

SUITE 107

City

FT MYERS FL

FL

Zip Code
33907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	P DANIEL CURRAN 16165 HARRELL AVE BONITA SPRINGS FL 33959	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Curran
DANIEL CURRAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)