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

DOCUMENT # p93000010669 1. Entity Name

M/V POLLY DORISA, INC



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

05-05-2003 90713 042 ***150.00

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	DO NOT WRIT	EINIHIS	SPAC	E		
2. Principal Place of Business		3. Mailing Address				
16165 HARRELL AVE		POB 2474				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number	Applied For	
BONITA SPRINGS FL		BONITA SPRINGS FL			Not Applicable	
Zip 33959	Country USA	Zip 33959	Count	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		T 33733			7. Name and Address of Current Regis	stered Agent
A TO SHOW THE			ANT No. 1 The Control of the Control	Name	IZ MATELANDA	
	DO NOT V	VRITE	Street Address (P.C		K_MATLAND P.O. Box Number is Not Acceptable)	
IN THIS SPACE				12995 S CLEVELAND AVE		
				_SUITE 10	07	
				City FT MYERS		FL Zip Code 33907
	e named entity submits this statemen tions of registered agent.	it for the purpose of chang	ging its registere	d office or registere	ed agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registered	Agent signature requiréd	when reinstating)	DATE
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		ND:DIRECTORS	140		Seatt Mark Colors of the seat	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
TITLE	P		TITLE	Landar and the Server of the S	THE STATE OF THE S	ngangangangan sa sa sa sa
NAME	DANIEL CURRAN		NAME	変換 かるたばに本産 等にふる側かい場		
STREET ADDRESS CITY-ST-ZIP	16165 HARRELL AVE	22050	Marie and	T Address St-zip		
TITLE	BONITA SPRINGS FL	33959	TITLE	把機能在在機能上。 機能性與機能的不能	and the second s	
NAME	BRENDA A CURRAN		NAME	11		
STREET ADDRESS	16165 HARRELL AVE		STREE	T ADDRESS		
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NAME			NAME			
STREET ADDRESS	,		F . 3.	TADDRESS		
CITY-ST-ZIP	cortify that the information cumplied u		CITY-S	ST-ZIP		

I nereby 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.

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #