

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008810

1. Entity Name
ROYAL DOLPHIN, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90098 041 ***150.00

Principal Place of Business **GERRIT NIEHAUS** Mailing Address
~~1515 GULFSTAR DRIVE SOUTH~~ ~~1515 GULFSTAR DRIVE SOUTH~~
~~NAPLES FL 34112~~ ~~NAPLES FL 34112~~
US US
1300 GULFSTAR DRIVE SOUTH
NAPLES, FL 34112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1300 GULFSTAR DRIVE SOUTH** Suite, Apt. #, etc.
3. Mailing Address **1300 GULFSTAR DRIVE SOUTH** Suite, Apt. #, etc.

City & State **NAPLES FL** City & State **NAPLES FL**
Zip **34112** Country Country
34112

4. FEI Number **65-0578497** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DIBENEDETO, ROBERT
C/O GIRARDIN BALDWIN & ASSOC. LLP
5147 CASTELLO DRIVE
NAPLES FL 34103

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.

SIGNATURE _____ (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. ☐ *** FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEHAUS, GERRIT		NAME		
STREET ADDRESS	1515 GULFSTAR DRIVE SOUTH		STREET ADDRESS	1300 GULFSTAR DRIVE SOUTH	
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Gerrit Niehaus**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)