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

Mailing Address

9670 134TH ST. N.

SEMINOLE FL 34646

## P94000008819 **DOCUMENT #**

1. Entity Name

Principal Place of Business

9670 134TH STREET NORTH

SEMINOLE FL 33776

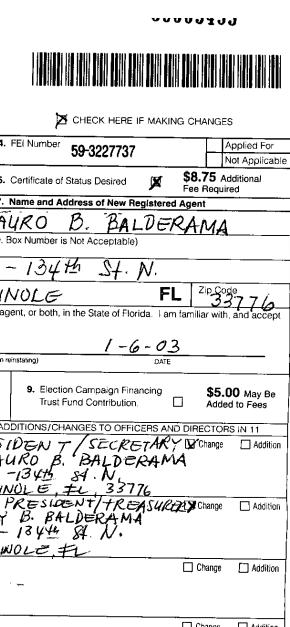
US

THE DOLPHIN HOUSE, INC.



## **FILED** Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90033 009 \*\*\*158.75



•										
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	FEI Number <b>59-3227737</b>	<del></del>	Applied For	
Zip Country			Zip	Country	Country			¢0.75 .	Not Applicable	
	£ Nome	and Address of O		L,			Fee Required			
<del></del>	o. Name	and Address of Current F	legistered Agent		Marra G	7.	Name and Address of New Regis	tered Agent		
BALERAMA, ROSAURO					Name ROSAURO B. BALDERAMA					
	STREET N				Street Addres	ss (P.O. E	Box Number is Not Acceptable)	<u>,, 17-194</u>		
	E FL 33776	ı	0/80			0.7	1 . 2 /// 0 / . 1			
OEMINOL	E FC 33/10						134 th St. N.			
9 The object			1	_,	City JE	EM11	VOLE	FL Zip Sog	)·¬ /	
the obliga	e named entity tions of regist	supmits this statement for ered agent.	the purpose of changing its	registered	office or regis	stered ag	gent, or both, in the State of Florida.	am familiar with	and accept	
,•		Zosauro	Je lle							
SIGNATURE	Signature	printed name of registered agent or					einstating)	03		
			d title t approable. (NOTE	: Registered A	gent signature requ	uired when re	einstating)	DATE	-	
		FEE IS \$150.00					• 5			
After Make Check	r May 1, 200 k Payable to	3 Fee will be \$550,00 Florida Department of a	State				Election Campaign Financir Trust Fund Contribution.		<b>)0</b> May Be d to Fees	
10.	1	OFFICERS AND D	IRECTORS	11.	<del></del>	AD	DDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 11	
TITLE	VP MADIV B	N DEDAMA	☐ Delete	TITLE	PA	e Est	IDEN T SECRET	4RY (Change	Addition	
NAME STREET ADDRESS		ALDERAMA STREET N SEMIONLE		NAME	R	05AL	URO B. BALDERA -1344 84 N VOLE +1, 33776	4MA		
CITY-ST-ZIP	SEMINOLE			STREET A	ADDRESS 96	682 -	-1344 St. N.	•		
TITLE	ST	.1 2 30//0		CITY-ST	-ZIP Sc	EM/A	JULE, #L, 33776			
NAME		, BALDERAMA	☐ Delete	TITLE NAME	\ \Vi	ICE F	RESIDENT/TREAS	URE Change	Addition	
STREET ADDRESS				STREET A	inneree O/	AKLY	LY B. BALDERAMA 2-1344 St N.			
CITY-ST-ZIP							MWOLE FL			
TITLE	·	<u> </u>	☐ Delete	TITLE		CIMIN	NCC +L		[ ] A   100	
NAME				NAME				☐ Change	Addition	
STREET ADDRESS				STREET A	DDRESS	·	· •••			
CITY-ST-ZIP	<del>-</del> -		<u> </u>	CITY-ST-	ZIP					
TITLE			Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME STREET ADDRESS				NAME				-	_	
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TTLE		<del></del> .		CITY-ST-	ZIP					
IAME			☐ Delete	TITLE				☐ Change	☐ Addition	
TREET ADDRESS				NAME STREET AL	nnpree					
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ITLE	-		☐ Delete	TITLE	<del></del>	· .		☐ Change	Addition	
IAME				NAME	- 1			снанув	☐ Addition	
TREET ADDRESS				STREET AC	1				1	
ITY-ST-ZIP		<u> </u>		CITY-ST-						
2. I hereby co- indicated of of the corp	ertify that the i	nformation supplied with the supplemental report is true	is filing does not qualify for the and accurate and that my	he exempt signature	ion stated in S shall have the	Section 1° e same le	19.07(3)(i), Florida Statutes. I furthe	r certify that the in	formation	

apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an coes a comment

SIGNATURE: