

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90080 030 ***155.00

DOCUMENT # P94000012739

1. Entity Name
BARNES BROTHER'S DOLPHIN HOUSE, INC.



Principal Place of Business
6418 US 41N
PB 164
APOLLO BEACH FL 33572

Mailing Address
238 LAKEVIEW DR
MORGANTOWN WV 26508

2. Principal Place of Business

768 Grand Keyway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apollo Beach FL 33572

City & State

Zip Country

Zip 33572 Country U.S.A.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, SR ALBERT R
6418 US 41 NORTH, STE 264
APOLLO BEACH FL 33572

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. 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

-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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ST ☒ Delete
NAME BARNES, MARY K
STREET ADDRESS 6418 US 41 NORTH, STE 264
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ST ☒ Change ☐ Addition
NAME BARNES, MARY K
STREET ADDRESS 6022 US HWY 41N, BOX 164
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE P ☒ Delete
NAME BARNES, SR ALBERT R
STREET ADDRESS 6418 US 41 NORTH, STE 264
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE P ☒ Change ☐ Addition
NAME BARNES, SR ALBERT R
STREET ADDRESS 6022 US HWY 41N, BOX 164
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE D ☐ Delete
NAME BARNES, ALBERT R SR.
STREET ADDRESS 238 LAKEVIEW DR
CITY-ST-ZIP MORGANTOWN WV 26508

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

TITLE D ☐ Delete
NAME BARNES, MARY K
STREET ADDRESS 238 LAKEVIEW DR
CITY-ST-ZIP MORGANTOWN WV 26508

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03-1813-417-0077
Date Daytime Phone #

CR2E034 (10/02)