

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013079

1. Entity Name

DOLPHIN CONTRACTORS INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90076 024 \*\*\*158.75

Principal Place of Business

4771 LAKESHORE LOOP  
OLDSMAR FL 34667  
US

Mailing Address

4771 LAKESHORE LOOP  
OLDSMAR FL 34677-6315  
US

2. Principal Place of Business

*Dolphin Contractors, Inc.*  
Suite, Apt. #, etc.  
13966 W. Hillsborough Av.

3. Mailing Address

*Dolphin Contractors, Inc.*  
Suite, Apt. #, etc.  
13966 W. Hillsborough Av.

City & State

*Tampa FL*

City & State

*Tampa FL*

Zip

*33635*

Country

*USA*

Zip

*33635*

Country

*USA*

4. FEI Number

59-3186095

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARHADI, MEHDI  
4771 LAKESHORE LOOP  
OLDSMAR FL 34667

7. Name and Address of New Registered Agent

Name

*Farhadi Mehdi*

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

*13966 W. Hillsborough Av.*

City

*Tampa FL*

FL

Zip Code

*33635*

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

*Mehdi Farhadi, President*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/31/2000*  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE **P** ☒ Delete  
NAME FARHADI, ADELA  
STREET ADDRESS 4771 LAKESHORE LOOP  
CITY-ST-ZIP OLDSMAR FL 34667

TITLE **S** ☒ Delete  
NAME FARHADI, MEHDI  
STREET ADDRESS 4771 LAKESHORE LOOP  
CITY-ST-ZIP OLDSMAR FL 34667

TITLE **V** ☒ Delete  
NAME FARHADI, ADELA  
STREET ADDRESS 4771 LAKESHORE LOOP  
CITY-ST-ZIP OLDSMAR FL 34667

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President And Secretary** ☒ Change ☐ Addition  
NAME Farhadi Mehdi  
STREET ADDRESS 13966 W. Hillsborough Av.  
CITY-ST-ZIP Tampa FL 33635

TITLE **Vice-President** ☒ Change ☐ Addition  
NAME Farhadi Adela  
STREET ADDRESS 13966 W. Hillsborough Av.  
CITY-ST-ZIP Tampa FL 33635

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/31/2000*  
Date

*(813) 818-7717*  
Daytime Phone #