

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90947 042 ***150.00

UBR2003
AV

DOCUMENT # P95000030908

1. Entity Name
DOLPHIN HOMES, INC.



Principal Place of Business
**3318 S. WESTSHORE BLVD
TAMPA FL 33629**

Mailing Address
**3318 S. WESTSHORE BLVD
TAMPA FL 33629**

10030959



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3310638**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, ARNOLD D
100 S. ASHLEY DR., STÉ. 1600
TAMPA FL 33602**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00**

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 Delete
NAME **P FERNANDEZ, CLIFFORD D**
STREET ADDRESS **3318 S. WESTSHORE BLVD**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D LEVINE, ARNOLD D**
STREET ADDRESS **3318 S. WESTSHORE BLVD**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME ~~**S FERNANDEZ, CAROLDENE**~~
STREET ADDRESS ~~**3318 S. WESTSHORE BLVD**~~
CITY-ST-ZIP ~~**TAMPA FL 33629**~~

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP MIGLIARA LAWERANCE, MIGLIARA**
STREET ADDRESS **3703 HORATIO ST**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE Change Addition
NAME
STREET ADDRESS **3510 Sterling St.**
CITY-ST-ZIP **Tampa FL 33629**

TITLE Delete
NAME **VPD FERNANDEZ, STEPHAN M**
STREET ADDRESS **3409 W. SAN LUIS**
CITY-ST-ZIP **TAMPA FL 33629**

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 addresses, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-03 (913) 917-8074

Date

Daytime Phone #

CR2E034 (10/02)