2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 200

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90151 017 ***150.00

DOCUMENT # P95000043706

1. Entity Name

Dolphin Mortgage of Naples, INC

DO NOT WRITE IN THIS SPACE

642234

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3619 Tamiami Tr.-	3619 Tamiami Tr.-
Suite, Apt. #, etc. North	Suite, Apt. #, etc. North
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34103 Country	Zip 34103 Country

4. FEI Number 65-0587900 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOSEPH T. BARRETT

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

2312 HARRIER RUN

City NAPLES FL Zip Code 34105

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 [signature] 4/15/02

Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P, VP, S, T / JOSEPH T. BARRETT / 2312 HARRIER RUN / NAPLES, FL. 34105	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #