

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90151 027 ***150.00

DOCUMENT # P95000045425

1. Entity Name

DOLPHIN 1995, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1105 Gulf of Mexico Drive

Suite, Apt. #, etc.

Unit #402

City & State

Longboat Key, Florida

Zip

33228

Country

USA

3. Mailing Address

1820 Ringling Boulevard

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34236

Country

USA

4. FEI Number

65-0591434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lawrence M. Hankin, P.A.

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

1820 Ringling Boulevard

City

Sarasota

FL

Zip Code

34236

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IN THIS SPACE**

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, 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 **President**
NAME **Alain Bachelet**
STREET ADDRESS **19 Quai de la Poterne**
CITY-ST-ZIP **02400 Chateau Thierry FR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **Therese Bachelet**
STREET ADDRESS **19 Quai de la Poterne**
CITY-ST-ZIP **02400 Chateau Thierry FR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **Marie-Annette Pillaud**
STREET ADDRESS **La Maraoliere**
CITY-ST-ZIP **02400 Gland FR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **Sylvia Bachelet**
STREET ADDRESS **15th Ave Joussaume**
CITY-ST-ZIP **02400 Chateau Thierry FR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **Pierre Mary Bachelet**
STREET ADDRESS **Le Chemin Vert**
CITY-ST-ZIP **02400 Mont St. Pere FR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #