

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

AMENDED

09-03-2002 90170 027 \*\*\*\*61.25  
FILE P95000045425

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

877924

DOCUMENT # P950000 45425

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

DO NOT WRITE  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President/Director  
Robert D. Ferris  
2389 Ringling Blvd, Ste. D  
Sarasota, Florida 34237

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

Robert D. Ferris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/26/02 941-954-6977