

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078883

1. Entity Name

DOLPHIN TECHNOLOGIES, INC.

Principal Place of Business

5238 MEDINA ROAD
PENSACOLA FL 32507

Mailing Address

5238 MEDINA ROAD
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3342005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGRAW, ARTICE L
817 N. PALAFOX ST.
PENSACOLA FL 32501

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.

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	MORIN, LEE	
STREET ADDRESS	10 MARYS CREEK	
CITY-ST-ZIP	FRIENDSWOOD TX	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DRYER, JOE	
STREET ADDRESS	10307 SUGAR HILL	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CARNEY, KEVIN	
STREET ADDRESS	5238 MEDINA RD.	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEBERT, RON	
STREET ADDRESS	751 SWALLOW	
CITY-ST-ZIP	COPPELL TX 63	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARANOV, SERGEI	
STREET ADDRESS	550 GREEN MEADOWS LANE 1006 Rosemeadow	
CITY-ST-ZIP	GENEVA IL Katy TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph E. Dyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90383 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)