

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91598 026 ***150.00

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

DOCUMENT # P9560007888 3

1. Entity Name

DOLPHIN TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5238 Medina Road

Suite, Apt. #, etc.

3. Mailing Address

5238 Medina Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL 32507

Zip

32507

Country

USA

City & State

Pensacola, FL 32507

Zip

32507

Country

USA

4. FEI Number

59-3342005

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

Artice L. McGraw

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

817 N. Palafax St

City

Pensacola

FL

Zip Code

32507

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 \$850.00

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

DV
MORIN, LEE
10 MARYS CREEK
FRIENDSWOOD TX

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
DRYER, JOE
10307 SUGAR HILL
HOUSTON TX 77042

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DST
CARNEY, KEVIN
5238 MEDINA RD
PENSACOLA FL 32507

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HEBERT, RON
751 SWALLOW
CORPUS TX

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SHARANOV, SERGEI
1006 ROSEMEADOW
KATY TX

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Joseph S. Dwyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

713-882-3216

Daytime Phone #