2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000035280 **DOCUMENT #** 1. Entity Name



Feb 18, 2003 8:00 am Secretary of State

FILED

02-18-2003 90107 048 ***150.00

DOLAN	FLORIDA ENTERPRISES, INC		COD WE IN		2010. 0.0 10	
Principal Place of Business 11112-28 SAN JOSE BLVD JACKSONVILLE FL 23332		Mailing Address 11112-28 SAN JOSE BLVD JACKSONVILLE FL 23332			1117 - 1 1171 - 1 178 - 1178 - 2177 1177	F1 (F1) 11) 1 4)
2. Principal Place of Business		3. Mailing Address				a
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3334207	· —	pplied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Ac	lot Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Re		
HANLON, M T		Name Street Address	(P.O. Box Number is Not Acceptable)			
321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480			Oli cot / Garass	(1.0. Box Number is Not Acceptable)		
			City		FL Zip Coo	i
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. I am familiar with, and accepted the obligations of registered agent.						and accept
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Sta		ate		9. Election Campaign Fina Trust Fund Contribution.	~ <u> </u>	00 May Be d to Fees
10. OFFICERS AND DIRECT		ECTORS	11.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dolan, Richard E 13083 Wexford Hollow RD N Jacksonville FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSAY, KIRK 23398 HILLVIEW COURT FARMINGTON MI 48024	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

OFFERENCE E. DOLAN

☐ Delete

☐ Delete

☐ Delete

Change

☐ Change

☐ Change

Addition

☐ Addition

☐ Addition