

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000103569**

1. Entity Name:

DOLPHIN ENTERPRISES OF NAPLES, INC.**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90038 013 ***150.00

Principal Place of Business

~~2000 GORDON DRIVE~~
NAPLES FL 34102

Mailing Address

P O BOX 804
NAPLES FL ~~34102~~ 34106
US

2. Principal Place of Business

420 PALM CIR E

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NAPLES

City & State

FL

City & State

4. FEI Number 59-3423067

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

34102

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, VIRGINIA L
~~2000 GORDON DRIVE~~
NAPLES FL 34102

420 PALM CIRCLE E

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 State10. 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 PD
NAME VIRGINIA THOMAS
STREET ADDRESS ~~2000 GORDON DR~~ 420 PALM CIRCLE E
CITY-ST-ZIP NAPLES FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Virginia L Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/01

Date

941 434-6669

Daytime Phone #

CR2E034 (10/00)