

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024949

1. Entity Name

DOLPHIN HOLIDAY FLYING GROUP, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90129 023 ***150.00

Principal Place of Business
1995 W. Commercial Blvd.
Hangar 48B
Fort Lauderdale, FL 33309
US

Mailing Address
1995 W. Commercial Blvd.
Hangar 48B
Fort Lauderdale, FL 33309
US

2. Principal Place of Business
1722 W. Las Olas Boulevard
Suite, Apt. #, etc.

3. Mailing Address
1722 W. Las Olas Blvd.
Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL 33312

City & State
Fort Lauderdale, FL 33312

Zip Country Zip Country

4. FEI Number
65-0738373

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

A0061978

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Major, Patrick Scott
1995 W. Commercial Blvd.
Hangar 48B
Fort Lauderdale, Florida 33309

Name
Street Address (P.O. Box Number is Not Acceptable)
1722 W. Las Olas Boulevard
City Fort Lauderdale, FL Zip Code 33309

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PST	Major, Patrick Scott	1995 W. Commercial Blvd. 48B Fort Lauderdale, Florida 33309			1722 W. Las Olas Boulevard	Fort Lauderdale, Florida 33312

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: *[Signature]*

Patrick S. Major

[Signature] 08/26/01

(954)763-7019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)