

9/11/03 rec. From


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

(850-245-6050)  
Div. of Corp.

sent in FILED  
(ENV)

03 SEP 18 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| <b>DOCUMENT # P97000080668</b>  |   |
| 1. Entity Name<br><b>DOCKWALK PUBLICATIONS INC.</b>                               |   |
|  |   |
| Principal Place of Business<br>9 SW 13TH ST.<br>FORT LAUDERDALE, FL 33315         | Mailing Address<br>9 SW 13TH ST.<br>FORT LAUDERDALE, FL 33315 |



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

☐ CHECK HERE IF MAKING CHANGES

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0782303</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent         |  |
| JOHNSON, SEAN<br>9 SW 13TH<br>FORT LAUDERDALE, FL 33315 |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$650.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br>MULLEN, GREGORY T<br>757 SE 17TH STREET SUITE 140<br>FORT LAUDERDALE, FL 33316 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000023236570</b><br><b>09/22/03--01053--002 **150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-03

Date Daytime Phone #

CR2E034 (10/02)

**DOCKWALK PUBLICATIONS, INC.**  
**2424 EAST LAS OLAS BOULEVARD**  
**FT. LAUDERDALE, FL 33301**  
**954-522-2441**

September 11, 2003

Division of Corporations  
**Uniform Business Report (UBR)**  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

On April 25, 2003 we sent a check in the amount of \$150.00, check # 2731. This check was sent with the attached envelope that you supplied with the form. We have not received any correspondence regarding check, and this check has not cleared our bank to date. I am enclosing a new check for replacement of check #2731 in the amount of \$150.00. Should you have any other information regarding this matter please advise as soon as possible. Please send confirmation of receipt.

Should you have any further questions please contact me.

**PLEASE SEE ADDRESS we moved in May, 2003**

Thank You,

Greg Mullen/Dockwalk Publications

