2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
03-27-2001 90047 023 ***150.00

DOCUMENT # P97000097943

1. Entity Name
DOLPHIN MASONRY OF S.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
~~710 12TH STREET S.E.~~	~~710 12TH STREET S.E.~~
~~NAPLES FL 34117~~	~~NAPLES FL 34117-3079~~

38143
[redacted]
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
781 4th ST N.E.	781 4th ST N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34120 / County: Collier	Zip: 34120 / County: Collier

4. FEI Number 65-0793989 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~RIMES, RUSSELL L~~
~~710 12TH STREET, S.E.~~
~~NAPLES FL 34117~~

7. Name and Address of New Registered Agent
Name: Kempton A. Rimes
Street Address: 781 4th ST NE
City: Naples FL Zip Code: 34120

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: *Kempton [signature]*

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, 2000 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIMES, RUSSELL L 710 12TH STREET, S.E. NAPLES FL 34117 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Rimes, Marla 781 4th St NE Naples, FL 34120 ☐ Change ☒ Addition *Marla S Rimes* 4-6-01
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIMES, KEMPTON A 781 4TH STREET, N.E. NAPLES FL 34120 ☐ 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
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PLEASE SIGN & DATE

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]* 7/5/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR