

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90065 041 \*\*\*150.00

**DOCUMENT # P98000046523**

1. Entity Name  
**DOLPHIN EXCURSIONS & TOURS, INC.**



Principal Place of Business  
**3107 FEATHERWOOD COURT  
CLEARWATER FL 33759  
US**

Mailing Address  
**3107 FEATHERWOOD COURT  
CLEARWATER FL 33759  
US**

2. Principal Place of Business  
**2095**

3. Mailing Address  
**2095**

Suite, Apt. #, etc.  
**NO CENTRAL AVE**

Suite, Apt. #, etc.  
**NO CENTRAL AVE**

City & State  
**FLAGLER BEACH FL.**

City & State  
**FLAGLER BEACH FL.**

Zip Country  
**32136 USA**

Zip Country  
**32136 USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3514648**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MARAGET, LINDA A**  
**3107 FEATHERWOOD COURT** **2095 NO CENTRAL AVE**  
**CLEARWATER FL 33759** **FLAGLER BEACH FL.**  
**32136**

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. 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 \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARAGET, LINDA A</b>	
STREET ADDRESS	<b>25 CAUSEWAY BLVD., SLIP 24</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MARAGET, GENE C</b>	
STREET ADDRESS	<b>25 CAUSEWAY BLVD., SLIP 24</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2095 NO CENTRAL AVE</b>	
STREET ADDRESS	<b>FLAGLER BEACH FL. 32136</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH FL. 32136</b>	
TITLE	<b>2095 NO CENTRAL AVE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLAGLER BEACH FL. 32136</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Gene C Maraget* **4/10/04 386-439-6127**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)