2000 UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE

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DOCUMENT # P98000055605

1. Entity Name

DOUBLE DOUBLE DOLPHIN, INC.

Principal Place of Business 9915 TAMIAMI TRAIL N., SUITE 2 NAPLES FL 34108

Mailing Address

9915 TAMIAMI TRAIL N., SUITE 2

NAPLES FL 34108

2. Principal Place of Business 3. Mailing Address -Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3520261 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMB, JEFFREY R Street Address (P.O. Box Number is Not Acceptable) 9915 TAMIAMI TRAIL N., SUITE 2 NAPLES FL 34108 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE TRAVIS, MARK NAME NAME 24160 BUCKINGHAM WAY STREET ADDRESS STREET ADDRESS ****150.00 ****150.00 -CITY-ST-ZIP CITY-ST-7IP PORT CHARLOTTE FL 33980 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change : - Addition NAME NAME

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13. I hereby certify that the information supplied with this filling 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 leaves the empowered.				

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TITLE

NAME

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City-St-ZIP

CITY-ST-ZIP

NAME

X July 75,000 ×99/6299042

Change

Addition

THOMAS WANDERON & ASSOCIATES

TAXACCOUNTING, INC.

July 24, 2000

Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re:

Double Double Dolphin, Inc. 24160 Buckingham Way Port Charlotte, FL 33980 EIN # 59-3520261

Subject; --- Uniform Business Report - 2000

Enclosed please find the 2000 Uniform Business Report and filing fee of \$150.00 for the above captioned client.

We received the UBR at our address and forwarded it to the taxpayer, our client, on March 8, 2000. At about that time the United States Post Office, for its own reasons, changed the corporation's mail box number. While it informed the taxpayer, unfortunately the post office did not properly transer all mail to the new box number and several items were lost.

The president of the above-named corporation attempted to obtain all his mail, but we assume that one of the pieces lost by the post office was the UBR.

Our client was just a second time filer and was not aware that the report had not been received or would be due May 1, 2000. Therefore, we are requesting an abatement of the penalty for late filing.

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The taxpayer intends to meet all future filing responsibilities in a timely manner.

Your cooperation in this matter will be appreciated.

Very truly yours,

Jeffrey R. Lamb, E.A. Thomas Wanderon & Associates Tax Accounting, Inc.