2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 22, 2002 8:00 am Secretary of State P98000055605 DOCUMENT # 1. Entity Name 04-22-2002 90244 010 ***150.00 DOUBLE DOUBLE DOLPHIN, INC. Principal Place of Business Mailing Address 24160 BUCKINGHAM WAY 24160 BUCKINGHAM WAY PORT CHARLOTTE FL 33980 PORT CHARLOTTE FL 33980 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3520261 Not Applicable Zip Country Zip 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 LAMB. JEFFREY R Street Address (P.O. Box Number is Not Acceptable) 9915-TAMIAMI TRAIL N., SUITE 2 NAPLES FL 34108 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity syon is the FFRE J. R. LAMB (NOTE: Registered Agent signature required when re Signature, typed or prised name registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 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 ☐ Addition Change ☐ Delete TITLE TITLE TRAVIS, MARK NAME NAME STREET ADDRESS STREET ADDRESS 24160 BUCKINGHAM WAY CITY-ST-ZIP PORT CHARLOTTE FL 33980 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NÀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #

FILED