

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000082741

1. Entity Name

SILVER DOLPHIN CO. OF N.W. FLORIDA

Principal Place of Business

300 MARY ESTHER BLVD ~~#12~~ #9
MARY ESTHER FL 32569

Mailing Address

11 KINGSTON CT.
MARY ESTHER FL 32569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMILLAN, ELISE

300 MARY ESTHER BLVD ~~#12~~ #9
MARY ESTHER FL 32569

Name

Street Address (P.O. Box Number is Not Acceptable)

11 KINGSTON COURT

City

MARY ESTHER

FL

Zip Code

32569

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MCMILLAN, ELISE
CITY-ST-ZIP 11 KINGSTON CT
MARY ESTHER FL 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MCMILLAN, MICHAEL
CITY-ST-ZIP 11 KINGSTON CT
MARY ESTHER FL 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

4-24-01

Date

850/243-7491

Daytime Phone #

CR2E034 (10/00)

0469154

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90317 036 ***150.00



DO NOT WRITE IN THIS SPACE