

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90063 042 ***550.00

DOCUMENT # P98000094327

1. Entity Name
BULL DOLPHIN ENTERPRISES, INC.

Principal Place of Business

**10 N. PARK AVE.
 APOPKA FL 32703
 US**

Mailing Address

**34041 PARKVIEW AVE
 EUSTIS FL 32736
 US**

2. Principal Place of Business

3. Mailing Address

10 N. Park Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Apopka, FL 32703

4. FEI Number

59-3542324

Applied For

Not Applicable

Zip

Country

Zip

Country

32703

ORANGE

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

ELLIS, SETH

34041 PARKVIEW AVE

EUSTIS FL 32736

Name

SETH ELLIS

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

10 N. PARK AVE.

City

APOPKA

FL

Zip Code

32703

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **ST** ☐ Delete
 NAME **ELLIS, SETH D**
 STREET ADDRESS **34041 PARKVIEW AVE**
 CITY-ST-ZIP **EUSTIS FL 32736**

TITLE ☒ Change ☐ Addition
 NAME **ELLIS, SETH D.**
 STREET ADDRESS **10 N. PARK AVE**
 CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **P** ☐ Delete
 NAME **NELSON, BRYAN F**
 STREET ADDRESS **10 N. PARK AVE.**
 CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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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:

Bryan Nelson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

BRYAN F. NELSON

Date

8/22/02

Daytime Phone #

407 886 7553

CR2E034 (4/02)