

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90038 012 ***158.75

DOCUMENT # P98000099650

1. Entity Name

DANCING DOLPHINS, INC. ✓

Principal Place of Business

Mailing Address

409 E. GORRIE DR.

409 E. GORRIE DR.

ST. GEORGE ISLAND, FL

ST. GEORGE ISLAND

32328

FL 32328

2. Principal Place of Business

1249 E. GULF BEACH DR.

3. Mailing Address

P.O. Box 816

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST GEORGE ISLAND, FL

City & State

APALACHICOLA FL

Zip

Country

32328 USA

Zip

Country

32329 USA

4. FEI Number

59-3556107

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

MS. JENNIFER EGGERMANN

Name

KENYON WILSON

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

1249 E. GULF BEACH DR.

City

ST. GEORGE ISLAND

FL

Zip Code

32328

409 E. GORRIE DR.

ST. GEORGE ISLAND, FL 32328

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 *Kenyon Wilson* - KENYON WILSON - PRESIDENT & DIRECTOR

2/25/2000

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, 2000 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	P/T/D	<input type="checkbox"/> Delete
NAME	KENYON WILSON	
STREET ADDRESS	409 E. GORRIE DR	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	PAULA EGGERMANN	
STREET ADDRESS	2235 RIVER PLAZA DR #357	
CITY-ST-ZIP	SACRAMENTO, CA 95833	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENYON WILSON	
STREET ADDRESS	1249 E. GULF BEACH DR.	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULA EGGERMANN	
STREET ADDRESS	1249 E. GULF BEACH DR.	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kenyon Wilson* KENYON WILSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2000

Date

850-927-3318

Daytime Phone #

CR2E034 (9/99)