2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9900005822 **DOCUMENT #**

1. Entity Name



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90270 003 ***150.00

DOLPHIN	I ELECTRICAL CO	INSTRUCT	ION, INC.							
Principal Place 5035 WEST 1 JACKSONVILL		ر مسينين	Mailing Address 5035 WEST 12TH STREET JACKSONVILLE FL 32254							
		-			•	~ Fz*				
	Place of Business	C	3. Mailing Addre			1		BILL BRITT BRITT BRI	AL BUIET IBUE	HERE HER LEGE
503 5 Suite, Apt.	W. 1 2.7+	5~	Suite, Apt. #, 6	W. 127#	74	1		. IE 1414/01/0	V. (A.N.O.E.O.	
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City & State Tockoverce For			City & State	F-&	EU-SEEEUES			oplied For ot Applicable		
Zip	Country		Zip	Coun	-	5. Ce	ertificate of Status Desired		8.75 Add	
<u> </u>	6. Name and Addres		32しずて Registered Agent	<u>\ \ \ \</u>	5 P	7. Na	ame and Address of New I			
7347					Name					
	a, ronald g v.p.				Street Address	(P.O. Bo:	x Number is Not Acceptabl	e)		
- 3	ECKSCHER DRIVE				0	-				
	NILLE FL 32226									
- 	* 75 50	•	•		City			FL	Zip Code	
	named entity submits this tions of registered agent.	statement for	the purpose of cha	inging its registere	ed office or registe	red ager	nt, or both, in the State of Fl	lorida. I am far	niliar with,	and accept
SIGNATURE								DATE		
	Signature, typed or printed name of		and title if applicable.	(NOTE: Registère	d Agent signature require	a when rein	stating)	DAIE		
Afte	ILE NOW!!! FEE IS 9 r May 1, 2003 Fee will i k Payable to Florida De	be \$550.00	State				Election Campaign Fi Trust Fund Contribution			00 May Be d to Fees
10.		FICERS AND I		11.		ADD	ITIONS/CHANGES TO OF	FICERS AND D	IRECTOR:	S IN 11
TITLE	Р		□ De	elete TITLI	E				Change	Addition
NAME STREET ADDRESS	CUROLE, CHRISTOP 2405 ELBOW RD	HER L		MAM STRE	EET ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL 3	2073			-ST-ZIP					
TITLE	VP		□ De	elete TITLE	E			[Change	Addition
NAME	FERREIRA, RONALD			NAM	·					
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NAME	FERREIRA, RONALD			NAM	,					
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CITY-ST-ZIP	partify that the information	ounnied with	this filing does set		-ST-ZIP	action 11	19 07(3)(i) Elorida Statutas	I further portify	that the	nformation
12. Thereby of indicated	certify that the information	supplied with ental report is	this filing does not of true and accurate a	qualify for the exe	mption stated in Se ture shall have the	ection 11 same le	19.07(3)(i), Florida Statutes. gal effect as if made under	I further certify oath: that I am	that the ir	ntormation 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗸

SIGNATURE FRANCISCO. FERREINA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR