

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90131 006 ***150.00

DOCUMENT # P99000028714

1. Entity Name
DOLPHIN MARINE, INC.



Principal Place of Business
410 MARION DRIVE
NICEVILLE FL 32578

Mailing Address
410 MARION DRIVE
NICEVILLE FL 32578

2. Principal Place of Business

308 MIRACLE STRIP PKWY

3. Mailing Address

308 MIRACLE STRIP PKWY

Suite, Apt. #, etc.

UNIT 10-C

Suite, Apt. #, etc.

UNIT 10-C

City & State

FORT WALTON BEACH, FL

City & State

FORT WALTON BEACH, FL

Zip

Country

32548

USA

Zip

Country

32548

USA

4. FEI Number

59-3574211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BAILEY, KIM L
410 MARION DRIVE
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

KIM L BAILEY

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

308 MIRACLE STRIP PKWY

City

UNIT 10-C

City

FORT WALTON BEACH FL

Zip Code

32548

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

Kim L Bailey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-28-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BAILEY, KIM L
STREET ADDRESS 410 MARION DRIVE
CITY - ST - ZIP NICEVILLE FL 32578

TITLE SD ☐ Delete
NAME BAILEY, DITA C
STREET ADDRESS 410 MARION DRIVE
CITY - ST - ZIP NICEVILLE FL 32578

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME BAILEY, KIM L.
STREET ADDRESS 308 MIRACLE STRIP PKWY
CITY - ST - ZIP UNIT 10-C FORT WALTON BEACH, FL 32548

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

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

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03 (850) 621-5354

Date

Daytime Phone #

CR2E034 (10/02)