FILED FOR PROFIT CORPORATION Apr 14, 2004 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P99000034203 04-14-2004 90076 036 ***150.00 Dorsey Enterprises Inc. DO NOT WRITE IN THIS SPACE Principal Place of Business 3.616 Carl ton DO NOT WRITE IN THIS SPACE Boca Raton Boca Raton 4. FEI Number Applied For 65.0921724 Not Applicable Country - PalmBc Country Palm Beac \$8.75 Additional 5. Certificate of Status Desired Fee Required : Name and Address of Current Registered Agent DO NOT WRITE lumber is Not Acceptable) IN THIS SPACE Fedoral 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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE Dorsey, James III 3616 Carlton Place Boca Raton FL 334 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE TO BENEFICE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an 12. I hereby certify that the information s indicated on this report or supplementary olied with this fills of the corporation or the

SIGNATURE

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) P99000034203 DOCUMENT # 1. Entity Name DORSEY ENTERPRISE 14002860 Principal Place of Business Mailing Address 911 HYACINTH DR 911 HYACINTH DR DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 2. Principal Place of Business
3614 Coulton 3. Mailing Address
3616 Carlton Particular in the light of the same of the City & State Applied For Boca Raton 4. FEI Number 65-0921724 Not Applicable Palm Bah **\$8.75** Additional 5. Certificate of Status Desired Im Bch Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOPKINS, JOHN O ESQ. Street Address (P.O. Box Number is Not Acceptable) 8000 NORTH FEDERAL HIGHWAY **BOCA RATON FL 33487** City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE NAME DORSEY, JAMES H III NAME 3616 Carlton Place Boca Roton FL 33490 STREET ADDRESS 110 EAST ATLANTIC AVENUE SUITE 240 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33444 CITY-ST-ZIP TIFUE TITLE Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTAL: Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLS C Delete TITLE ☐ Change Addition NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Addition (iii) Change NAME NAME STREET ADDRESS STREET ADDRESS CDY-SI-7IP CITY-ST-ZIP TINU: Delete TITLE (Change Addition

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 of 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 an powered to execute this tep or tas 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 fixe empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CHY-ST-ZIP

Charles .

TAMES H Darsey III

7/28/03 496 S