2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 27, 2000 8:00 am DOCUMENT # P99000043529 1. Entity Name Secretary of State DOLPHIN TRADING OF SW-FLORIDA, CORP. 01-27-2000 90015 004 ***150.00 Mailing Address Principal Place of Business 424 SW 37TH TER 424 SW 37TH TER CAPE CORAL FL 33914-5852 CAPE CORAL FL 33914 301041 2. Principal Place of Business 3. Mailing Address 1952 Park Meadows Dr same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Ste. 5 4. FEI Number Applied For City & State City & State 09 19 404 Not Applicable Ft. Myers \$8.75 Additional Country 5. Certificate of Status Desired 33907 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Anette Desbaillets DESBAILLETS, ANETTE Street Address (P.O. Box Number is Not Acceptable) <u>879 - B Miramar St</u> **424 SW 37TH TER** CAPE CORAL FL 33914 Cape Coral 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE PTD TITLE Angelika Witkiewicz WETKIEWICZ, ANGELIKA NAME NAME STREET ADDRESS 1952 Park Meadows Dr, Ste. 5 STREET ADDRESS 424 SW 37TH TER CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 Ft. Myers, FL 33907 Change ☐ Addition VPSD ☐ Delete TITLE TITLE VPSD KATTKUS, KLAUS-UWE NAME Klaus Uwe Kattkus 1952 Park Meadows Dr. Ste. 5 NAME STREET ADDRESS STREET ADDRESS 424 SW 37TH TER CITY-ST-ZIP Ft. Myers, FL 33907 CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIONATARE REANGELIKA Witkiewicz P

☐ Delete

<u>1-20-200</u>

(41-541-811

☐ Addition

Change