

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 13, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90092 019 \*\*\*150.00  
09-13-2000 90013 027 \*\*\*408.75

**DOCUMENT # P99000052390**

1. Entity Name

**DOLPHIN BOATWORKS, INC.**

*P*

Principal Place of Business

247 SW RIVERWAY BLVD.  
PALM CITY FL 34990

Mailing Address

247 SW RIVERWAY BLVD.  
PALM CITY FL 34990

2. Principal Place of Business

**3469 SW. Palm City School Ave.**

3. Mailing Address

**Dolphin Boatworks Inc.**

Suite, Apt. #, etc.

**Palm City**

Suite, Apt. #, etc.

**PO Box 903**

City & State

**FL.**

City & State

**Palm City FL 34991**

Zip

**34990**

Country

**Martin**

Zip

**34991**

Country

**Martin**

4. FEI Number

**65-0928280-111512**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, STEPHEN D**  
**247 SW RIVERWAY BLVD.**  
**PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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.

SIGNATURE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE **D** ☐ Delete

NAME **ROBERTS, STEPHEN D**  
STREET ADDRESS **247 SW RIVERWAY BLVD.**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete

NAME **ROBERTS, MARILYN C**  
STREET ADDRESS **247 SW RIVERWAY BLVD.**  
CITY-ST-ZIP **PALM CITY FL 34990**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**STEPHEN D. ROBERTS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHEN D. ROBERTS** **7/7/2000**  
Date Daytime Phone # **258-0810**

CR2E034 (5/00)