

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083720

1. Entity Name

DOLPHIN REALTY OF THE TREASURE COAST, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90041 037 ***150.00

Principal Place of Business

Mailing Address

4595 NE INDIAN RIVER DR
JENSEN BEACH FL 34957

4595 NE INDIAN RIVER DR
JENSEN BEACH FL 34957-4032

2. Principal Place of Business

1504 NE JENSEN BCH BLVD

3. Mailing Address

1504 NE JENSEN BCH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JENSEN BEACH

City & State

JENSEN BEACH

4. FEI Number

65-0951202

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

34957

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOZIASZ, DANIEL R JR
4595 NE INDIAN RIVER DR
JENSEN BEACH FL 34957

Name TOBIASZ, DANIEL R. JR.

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

Daniel R. Tobiasz Jr.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DANIEL R. TOBIASZ JR
113 SE CALMOSO DRIVE
PT ST LUCIE, FL 34983

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/00

561-225-7368

CR2E034 (9/99)