## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

## May 28, 2002 8:00 am Secretary of State P99000083720 DOCUMENT # 1. Entity Name DOLPHIN REALTY OF THE TREASURE COAST, INC. 05-28-2002 91653 033 \*\*\*150 00 Mailing Address Principal Place of Business 1504 NE JENSEN BCH BLVD 1504 NE JENSEN BCH BLVD JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0951202 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOBIASZ, DANIEL R JR Street Address (P.O. Box Number is Not Acceptable) 4595 NE INDIAN RIVER DR JENSEN BEACH FL 34957 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition □ Change TITLE ☐ Delete TITLE NAME TOBIASZ, DANIEL R JR NAME STREET ADDRESS 113 SE CALMOSO DRIVE STREET ADDRESS CITY-ST-ZIP **PORT SAINT LUCIE FL 34983** CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information Increby certify that the information supplied with this tiling does not qualify for the exemption stated in declar 113-07-05(0), Florida stated and stated in declar 113-07-05(0), Florida stated and that the information of the information of 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

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