

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90158 023 ***150.00

DOCUMENT # P99000090289

1. Entity Name
DOLPHIN LAWN CARE, INC.

Principal Place of Business

**2717 9TH AVE. WEST
 BRADENTON FL 34205**

Mailing Address

**5900 S TAMiami TRAIL
 STE 1
 SARASOTA FL 34231
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0955091

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASTRONSKAB, CATHERINE L
 5900 S TAMiami TRAIL
 SUITE 1
 SARASOTA FL 34231**

CATHERINE L. ASTRONSKAS
 Street Address (P.O. Box Number is Not Acceptable)
**5900 S TAMiami TRAIL
 SUITE 1**
 City **SARASOTA, 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 *Catherine L. Astronskas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-7-02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
ROACH, VERONICA L
2717 9TH AVE. WEST
BRADENTON FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
VERONICA L. PARADISE
2717 9th Avenue West
Bradenton, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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: *Veronica L. Paradise*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 **(941) 729-7985**
 Date Daytime Phone #

CR2E034 (9/01)