

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90121 015 ***150.00

DOCUMENT # P99000097392

1. Entity Name
DOLPHIN COMPLETE SERVICES, INC.

Principal Place of Business 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228	Mailing Address 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228-2614
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 743 SUNRIDGE WOODS BL Suite, Apt. #, etc.	3. Mailing Address 743 SUNRIDGE WOODS BL Suite, Apt. #, etc.
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City & State DAVENPORT FL	City & State DAVENPORT FL	4. FEI Number 59-3608855	Applied For <input type="checkbox"/> Not Applicable
Zip 33837	Country USA	Zip 33837	Country USA

6. Name and Address of Current Registered Agent
**COLLINS, STEPHEN
 4134 GULF OF MEXICO DRIVE
 SUITE 302
 LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent
 Name **COLLINS STEPHEN**
 Street Address (P.O. Box Number is Not Acceptable)
743 SUNRIDGE WOODS BL.
 City **DAVENPORT FL** Zip Code **33837**

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 DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, STEPHEN 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS STEPHEN 743 SUNRIDGE WOODS BL. DAVENPORT FL 33837. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE **6TH APRIL 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E034 (9/99)