

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108443

1. Entity Name

DOLPHIN SYSTEMS & SUPPLY, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90002 041 ***550.00

Principal Place of Business

2800 NAVY BOULEVARD, SUITE 4
 PENSACOLA FL 32505

Mailing Address

2800 NAVY BOULEVARD, SUITE 4
 PENSACOLA FL 32505

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

59-3615863

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

PATRONI, CLYDE J
 804 LARGO DRIVE
 PENSACOLA BEACH FL 32561

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.

Clyde J. Patroni, President

(NOTE: Registered Agent signature required when reinstating)

DATE

8/3/00

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 PATRONI, CLYDE J SR
 STREET ADDRESS 804 LARGO DRIVE
 CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
 NAME CLYDE J. PATRONI SR.
 STREET ADDRESS 804 LARGO DR.
 CITY-ST-ZIP PENSACOLA BEACH, FL 32561

TITLE VICE PRESIDENT ☐ Change ☒ Addition
 NAME TIMOTHY VAN ALSTINE
 STREET ADDRESS 5704 NICKLAUS LN
 CITY-ST-ZIP MILTON, FL 32570

TITLE PARTNER ☐ Change ☒ Addition
 NAME DONALD MOORE
 STREET ADDRESS P.O. BOX 10038
 CITY-ST-ZIP PENSACOLA, FL 32504

TITLE PARTNER ☐ Change ☒ Addition
 NAME THOMAS HORD
 STREET ADDRESS 104 BAYOU LN.
 CITY-ST-ZIP KEMAH, TX 77565

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clyde J. Patroni

Date

8/3/00

Daytime Phone #

850-469-0453

CR2E034 (5/00)