

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90134 005 ***150.00

DOCUMENT # V04183

1. Entity Name
NEON DOLPHIN, INC.



Principal Place of Business
**3320 NORTHEAST 37TH STREET
FORT LAUDERDALE FL 33308**

Mailing Address
**C/O GRUBER AND ASSOCIATES PA
1650 SOUTHEAST 17TH STREET SUITE 301
FORT LAUDERDALE FL 33316
US**

10033096



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6550 North Federal Highway, Suite 522
Fort Lauderdale, FL**

33308-1404

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0303249**

Applied For
Not Applicable

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

**BUNCH, WILLIAM C.
3320 NORTHEAST 37TH ST
FORT LAUDERDALE FL 33308-6435**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BUNCH, WILLIAM C. 3320 NORTHEAST 37TH STREET FORT LAUDERDALE FL 33308-6435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNCH, HOLLY D. 3320 NORTHEAST 37TH STREET FORT LAUDERDALE FL 33308-6435	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *William C. Bunch* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-22-2222 4/21/03 WMC Bunch

Date

Daytime Phone #

CR2E034 (10/02)