2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED Jun 05, 2000 8:00 am **DOCUMENT # V17137** 1. Entity Name Secretary of State DOLPHIN STREET BOAT CORPORATION 06-05-2000 90009 045 ***150.00 Principal Place of Business Mailing Address 415 57TH ST. PO BOX 11117 RIVIERA BEACH FL 33419-1117 W. PALM BEACH FL 33407 MUUUUU VO 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0323430 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JUDY CHROO WALDRON, JAMES IV Street Address (P.O. Box Number is Not Acceptable) 415 57TH ST. WEST PALM BEACH FL 33407 3000 N. OCEAN DR 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 JUDY CIRCO FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ✓ Delete TITLE JUDY CIRCO 3000N. OCEAN DR TENNEY, DEL NAME 203 COMMODORE DR. STREET ADDRESS STREET ADDRESS SINGER ISLAND, FL 33404 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 Delete ☐ Addition TITLE WALDRON, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 415 57TH ST. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Addition □ Change TITLE CIRCO, JUDY NAME NAME STREET ADDRESS 3000 N. OCEAN DR. 36-F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SINGER ISLAND FL 33404 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TIT1 F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.