2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H26111

Entity Name: DUPONT PUBLISHING, INC.

Current Principal Place of Business:

4600 140TH AVE N SUITE 201

CLEARWATER, FL 33762

Current Mailing Address:

4600 140TH AVE N **SUITE 210**

CLEARWATER, FL 33762 US

FEI Number: 59-2469520 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION 4600 140TH AVE N SUITE 210

CLEARWATER, FL 33762 US

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: WILLIAM P CHAPMAN 04/07/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR, CEO Title DIRECTOR

Name CHAPMAN, WILLIAM CEO Name KOMAROV, NIKITA

4600 140TH AVE N 4600 140TH AVE N Address Address SUITE 201 SUITE 201

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR, TREASURER Title **DIRECTOR**

Name RUIZ, CARLOS Name GARCIA, SEBASTIAN

Address 4600 140TH AVE N Address 4600 140TH AVE N

SUITE 201 SUITE 201

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

SECRETARY Title **PRESIDENT** Title

CHAPMAN, STEVEN B JR. SHEEHAN, MICHAEL Name Name

4600 140TH AVE N 4600 140TH AVE N Address Address

SUITE 201 SUITE 201

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title **PRESIDENT**

Name GOMEZ, VICTOR M IV

Address 4600 140TH AVE N

SUITE 201

CLEARWATER FL 33762 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

04/07/2022 SIGNATURE: WILLIAM P CHAPMAN DIRECTOR

FILED Apr 07, 2022

Secretary of State

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