## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 27, 2002 8:00 am Secretary of State DOCUMENT # G71950 1. Entity Name DUPONT INSURANCE AGENCY, INCORPORATED 03-27-2002 90092 003 \*\*\*150.00 Principal Place of Business Mailing Address 2627 S ADAMS ST 2627 S ADAMS ST TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2345376 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUPONT, CHARLES D Street Address (P.O. Box Number is Not Acceptable) 2627 S. ADAMS ST. TALLAHASSEE FL 32301 Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution -- --(See criteria on back)----Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME DUPONT, CHARLES D. NAME STREET ADDRESS **2627 S ADAMS** STREET ADDRESS CITY-ST-ZIF TALLAHASSEE FL CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DUPONT, SYLVIA G NAME STREET ADDRESS 2627 S ADAMS STREET ADDRESS CITY-ST-7IP Tallahassee fl CITY-ST-ZIP TITLE AVP ☐ Delete ☐ Change ☐ Addition NAME DUPONT, DINARI STREET ADDRESS STREET ADDRESS 2627 S ADAMS. CITY-ST-ZIP CITY-ST-ZIP Tallahassee fi TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 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

FILED