

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L07763

1. Entity Name

DUFRESNE CONSULTING GROUP, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90015 046 ***150.00

Principal Place of Business

Mailing Address

C/O JOHN A. DUFRESNE
10014 NORTH DALE MABRY HWY. SUITE 101
TAMPA FL 33618-4426
US

C/O JOHN A. DUFRESNE
10014 NORTH DALE MABRY HWY. SUITE 101
TAMPA FL 33618-4426
US

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 59-2961371

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

DUFRESNE, JOHN A.
C/O DUFRESNE CONSULTING GROUP INC
10014 NORTH DALE MABRY HWY - STE 101
TAMPA FL 33618

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME DUFRESNE, JOHN A.
STREET ADDRESS 10014 N. DALE MABRY HWY.
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

John A. Dufresne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN A. DUFRESNE President-Director

Date

Daytime Phone #

4/5/00

813 264-4775

CR2E034 (9/99)