

2000 UNIFORM BUSINESS REPORT (UBR)

5/2/00-90160-008-\$150.00-\$150.00

DOCUMENT # L15648

1. Entity Name

LE DAUPHIN DEVELOPMENT COMPANY

Principal Place of Business

Mailing Address

P.O. BOX 7907
NAPLES FL 33941-7907

3080 LE CARREFOUR BLVD
#801
LAVAL QU H7T 2
US

2. Principal Place of Business

3. Mailing Address

3535 St-Charles

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

City & State

City & State

Kirkland, Quebec

Zip

Country

Zip

H9H 5B9

Country

Canada

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **DUBOIS, RICHARD**
CITY-ST-ZIP **3080 LE CARREFOUR BLVD #801 LAVAL, QUEBEC, CANADA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3080 LE CARREFOUR BLVD, #501**
CITY-ST-ZIP **LAVAL, QUEBEC CANADA H7T 2K9**

TITLE ☐ Change ☐ Addition
NAME **DP**
STREET ADDRESS **DUBOIS, RICHARD**
CITY-ST-ZIP **3535, ST CHARLES #305 KIRKLAND QUEBEC CANADA H9H 5B9**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/2000

450-973-6111

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 13 PM 1:03



DO NOT WRITE IN THIS SPACE

4. FEI Number **98-01116164** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (9/99)