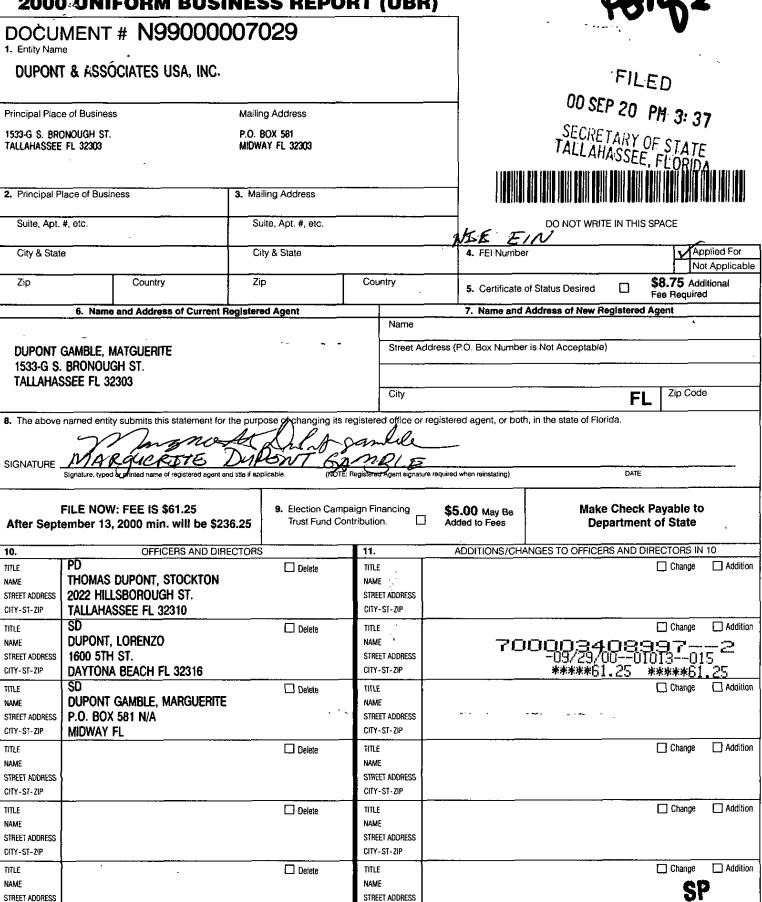
2000 UNIFORM BUSINESS REPORT (UBR)



12. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

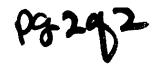
CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

000



from the desk of Marguerite DuPONII Gamble

P.O. Box 581 MIDWAY, FL 32343 (850)576-2386 (850)591-1389(p) (850)222-8510(f) E-mail:

IC WHOM IT MAY CONCERN:

9/13/00

I HAVE HAD MAJOR ILLNESSES IN MY IMMEDIATE FAMILY WITH DEATHS SINCE JUNE WITH

INVOLVEMENT OF EVERY MAJOR CONCERN OF MEDICAL AND BURIAL CARE INCLUDING

SETTLING ESTATES. CURRENTLY WE HAVE TWO MAJOR CRITICALLY ILL FAMILY MEMBERS

AT PRESENT. I HAVE NOT COMPLETED ALL CONCERNS FOR THE PAPER WORK FOR THIS

PROJECT NOR HAVE WE HAD ANY BUSINESS ACTIVITY FOR DUPONT & ASSOCIATES, USA,

INC. I NEED A WAIVER OF ANY LATE FEES DUE TO SEVERE FINANCIAL STRAIN AND

MAJOR FAMILIY PRIORITIES.

SINCERELY

MARGUERITE DUPONT GAMBLE