

2000 UNIFORM BUSINESS REPORT (UBR)

FB142

DOCUMENT # N99000007029

1. Entity Name

DUPONT & ASSOCIATES USA, INC.

Principal Place of Business

1533-G S. BRONOUGH ST.
TALLAHASSEE FL 32303

Mailing Address

P.O. BOX 581
MIDWAY FL 32303

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

☒ 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

DUPONT GAMBLE, MATGUERITE
1533-G S. BRONOUGH ST.
TALLAHASSEE FL 32303

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

Marguerite Dupont Gamble
MARGUERITE DUPONT GAMBLE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME THOMAS DUPONT, STOCKTON ☐ Delete
STREET ADDRESS 2022 HILLSBOROUGH ST.
CITY-ST-ZIP TALLAHASSEE FL 32310

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

TITLE SD
NAME DUPONT, LORENZO ☐ Delete
STREET ADDRESS 1600 5TH ST.
CITY-ST-ZIP DAYTONA BEACH FL 32316

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

TITLE SD
NAME DUPONT GAMBLE, MARGUERITE ☐ Delete
STREET ADDRESS P.O. BOX 581 N/A
CITY-ST-ZIP MIDWAY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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 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.

SIGNATURE:

Marguerite Dupont Gamble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/2000 (850) 576-2386

CR2E037 (5/00)

SP

FILED
00 SEP 20 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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pg 292

from the desk of
Marguerite DuPONT Gamble

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

TO 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 FAMILY PRIORITIES.

SINCERELY,


MARGUERITE DUPONT GAMBLE