

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012824

1. Entity Name

DUPONT AUTO TRASPORT, INC.

Principal Place of Business

Mailing Address

116 DOVE CIRCLE  
ROYAL PALM BEACH FL 33411

116 DOVE CIRCLE  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

490 BUSINESS WAY  
SUITE B  
ROYAL PALM BEACH FL  
33411

SAME AS ABOVE  
SUITE B  
ROYAL PALM BEACH FL  
33411

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

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FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90016 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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

FREIDMAN, RONALD R  
120 E. PALMETTO PARK ROAD  
SUITE 450  
BOCA RATON FL 33432

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DUPONT, RICHARD B	
STREET ADDRESS	116 DOVE CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPONT, ELIZABETH A	
STREET ADDRESS	116 DOVE CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)