

2000 UNIFORM BUSINESS REPORT (UBR)

3/7/00 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036650

1. Entity Name

DUPONT ESTATES INC.

FILED
May 03, 2000 8:00 am
Secretary of State

03-08-2000 90068 036 ***150.00

Principal Place of Business
1173 HILLSBORO MILE
HILLSBORO BEACH FL 33062

Mailing Address
1173 HILLSBORO MILE
HILLSBORO BEACH FL 33062-1527

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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

EDWARDS, ROBERT
1173 HILLSBORO MILE
HILLSBORO BEACH FL 33062

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.

9. Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Eligible to satisfy its Intangible Tax Requirement and elects to do so. ☐ 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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18707 Rd RIVER TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MES SAN ANTONIO TX- 78259		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1173 HILLSBORO MILE		STREET ADDRESS		
CITY-ST-ZIP	SEC. HILLSBORO FLA 33062		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Edwards Sec.
Date: 2/29/00 Daytime Phone #: 954 570 9400

CR2E034 (9/99)