

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000104084

Entity Name

ERIC DUMONT, INC.



FILED

03 JUN 30 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 183 10th Street South		3. Mailing Address 183 10th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, Florida		City & State Naples, Florida	
Zip 4102	Country	Zip 34102	Country

4. FEI Number 65-0968229		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name Huguetta Slater	
Street Address (P.O. Box Number is Not Acceptable)	
183 10th Street South	
City Naples	FL Zip Code 34102

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE #		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(If 2015: Registered Agent signature required when reinstating)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Michel Roze 3701 Springwood Drive, Naples, FL 34014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200021465022 07/10/03--01064--022 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gilbert R. Guerin 802 North O Street, Lake Worth, FL 33460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:	Gilbert Guerin, Vice President	06/24/03	(561) 820-9778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #