

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *S 76450*

1. Entity Name
DuPont Real Estate Services, Inc.
2627 S. Adams Street
Tallahassee, FL 32301

Principal Place of Business
2627 S. Adams St Suite #1
Tallahassee, FL 32301

2. Principal Place of Business
2627 S. Adams
Tallahassee, FL

Suite, Apt. #, etc.
Suite #1

City & State
Tallahassee, FL

Zip
32301

Country
LEON

Zip
32301

Country

6. Name and Address of Current Registered Agent

Charles D. DuPont
2627 S. Adams St
Tallahassee, FL 32301

4. FEI Number
59-3668754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 *C.D. DuPont*
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, 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

11. OFFICERS AND DIRECTORS

TITLE <i>President</i>	<input type="checkbox"/> Delete
NAME <i>Charles D. DuPont</i>	
STREET ADDRESS <i>2627 S. Adams St</i>	
CITY-ST-ZIP <i>Tallahassee, FL 32301</i>	
TITLE <i>V. Pres</i>	<input checked="" type="checkbox"/> Delete
NAME <i>Dinani DuPont</i>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *C.D. DuPont - Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90145 002 ***150.00

A0057486

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)