

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:11

DOCUMENT # K90528 (6)

1. Corporation Name

DUBE'S INC.

Principal Place of Business

Mailing Address

C/O TODD BERGER, ESQ.
810 63RD AVE., N.
ST. PETERSBURG FL 33702
US

C/O TODD BERGER ESQUIRE
810 63RD AVENUE NORTH
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/24/1989

3a. Date of Last Report
02/23/1994

4. FEI Number
59-2950578

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Dube's Inc

2a. Mailing Address
26 Dube's Inc

22 Suite, Apt., etc.
1759 Drew Street
City & State
Clearwater, Fl.

27 Suite, Apt., etc.
1759 Drew Street
City & State
Clearwater, Fl.

23 Zip
34615
Country
Pinellas

29 Zip
34615
Country
Pinellas

9. Name and Address of Current Registered Agent

BERGER, TODD
810 63RD AVENUE NORTH
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name
PREM SINGH
82 Street Address (P.O. Box Number is Not Acceptable)
1759 Drew Street
83 Clearwater, Fla.
84 City
FL 85 Zip Code
34615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Prem Singh

(PREM SINGH)

2/16/95

(NOTE: Registered Agent signature required when completing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SINGH, PREM
STREET ADDRESS	1759 DREW STREET
CITY- ST- ZIP	CLEARWATER FL
TITLE	D
NAME	SINGH, PREM
STREET ADDRESS	1759 DREW STREET
CITY- ST- ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I, Prem Singh, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(3)(a), Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report in time and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Prem Singh
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
PREM SINGH

2/16/95

813-442-2095