

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000127321

1. Entity Name  
DUBA TRUCKING, INC.



Principal Place of Business  
12712 WOODLAND DRIVE  
JACKSONVILLE, FL 32218

Mailing Address  
12712 WOODLAND DRIVE  
JACKSONVILLE, FL 32218

2. Principal Place of Business - No P.O. Box #  
28040 Charity Ln  
Suite, Apt. #, etc.

3. Mailing Address  
28040 Charity Ln  
Suite, Apt. #, etc.

City & State  
Hilliard Fla.

City & State  
Hilliard Fla.

Zip  
32046

Country  
NASSAU

Zip  
32046

Country  
NASSAU



4. FEI Number  
208033049

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

TAYLOR, MARCELA  
1509 EAYE ROAD  
JACKSONVILLE, FL 32218

## 7. Name and Address of New Registered Agent

Name Charles Smith JR  
Street Address (P.O. Box Number is Not Acceptable)

28040 Charity Ln.

City Hilliard

FL

Zip Code 32046

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 *Charles Smith Jr.*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-19-07

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME MCGINLEY, CARLTON  
STREET ADDRESS 12712 WOODLAND DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☐ Delete

TITLE S  
NAME SMITH, CHARLES  
STREET ADDRESS 12712 WOODLAND DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200111238562  
10/23/07--01057--008 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Smith Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-07

Date

Daytime Phone #

211/16