

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000094006**

1. Entity Name
DUE LINEE USA, INC.



FILED

03 OCT 28 PM 4:43

SECRETARY OF STATE
REINSTATEMENT 03



700024199537
10/28/03-01033-030 **750.00
CHECK HERE IF MAKING CHANGES

Principal Place of Business

~~1044 HIGHWAY 98~~
~~STE 1508~~
DESTIN FL 32541

Mailing Address

~~1044 HIGHWAY 98~~
~~STE 1508~~
DESTIN FL 32541

2. Principal Place of Business

1077 HWY 98 EAST
Suite, Apt. #, etc.
100

3. Mailing Address

1077 HWY 98 EAST
Suite, Apt. #, etc.
100

City & State

DESTIN, FL

City & State

DESTIN, FL

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3610500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, JOHN W
607 HIGHWAY 98 EAST
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name **DEAN WILKERSON**
Street Address (P.O. Box Number is Not Acceptable)
1077 HWY 98 EAST
SUITE 100
City **DESTIN** **FL** Zip Code **32541**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LATROFA, LUCA**
STREET ADDRESS **VIA JAPIGIA 21**
CITY-ST-ZIP **70029 SANTERONO ITALY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 Block 11 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

10/20/03 **850/837-2520**
Date Daytime Phone #

CR2E034 (4/03)