

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016797

DOCUMENT # S16049

1. Entity Name

DUOS ENGINEERING (USA), INC.

FILED

01 JAN 29 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6622 SOUTHPOINT DRIVE SOUTH  
SUITE 310  
JACKSONVILLE FL 32216-6188

Mailing Address

6622 SOUTHPOINT DRIVE SOUTH  
SUITE 310  
JACKSONVILLE FL 32216-6188

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3055973

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS GIBBES, WILLIAM R  
CITY-ST-ZIP 1428 INDIAN WOODS DR  
NEPTUNE BCH. FL 32266

TITLE ☐ Delete  
NAME S  
STREET ADDRESS FLETCHER, BABETTE L.  
CITY-ST-ZIP 5020 YACHT CLUB RD  
JACKSONVILLE FL 32210

TITLE ☐ Delete  
NAME DC  
STREET ADDRESS ARCAINI, GIANNI B  
CITY-ST-ZIP 7889 HUNTERS GROVE RD  
JACKSONVILLE FL 32256

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS STRACH, LARRY  
CITY-ST-ZIP 146 WILLOWPOND LANE  
PONTE VEDRA BEACH FL 32081

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GIBBES, WILLIAM R  
CITY-ST-ZIP 1428 INDIAN WOODS DRIVE  
NEPTUNE BEACH FL 32266

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.R. GIBBES

Date

1/09/01

(904) 296-2800

Daytime Phone #

CR2E034 (10/00)