FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP -5 AM 9:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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*****61.25 *****61.25

DOCUMENT # S16049

1. Entity Name

Duos Engineering (USA), Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6622 Southpoint Dr. South		6622 Southpoint Dr. South	
Suite, Apt. #, etc. Suite 310		Suite, Apt. #, etc. Suite 310	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32216	Country USA	Zip 32216	Country USA

4. FEI Number 59-3055973 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Intrastate Registered Agent Corp.

Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave. Suite 3000

City: Miami FL Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
D C P	Arcaini, Gianni B. 7889 Hunters Grove Rd. Jacksonville, FL 32256
V T	Weeks, Connie 6858 Plum Lane E Jacksonville, FL 32222
V S Trait	Patrick M 10 Tenth St. Atlantic Beach, FL 32233
V	Bollman, Indie B. 612 15th Avenue S. Jacksonville Beach, FL 32250
V	Strach, Larry 146 Willowpond Lane Ponte Vedra Beach, FL 32081

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Gianni B. Arcaini 9/3/02 (904)296-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 9/4/02