

Amended

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S16049

Entity Name

Duos Engineering (USA), Inc.

FILED

02 DEC -3 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6622 Southpoint Dr. South

3. Mailing Address
6622 Southpoint Dr. South

Suite, Apt. #, etc.
Suite 310

Suite, Apt. #, etc.
Suite 310

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32216 USA

Zip Country
32216 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

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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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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-STATE-ZIP	D C P Arcaini, Gianni B. 7889 Hunters Grove Rd. Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Sickler, Nico Amstelzjde 63-65, 1184 TZ Ouderkerk The Netherlands
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Van Kooten, Willem Alexanderlaau 2, 1213X5 Hilversum The Netherlands
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V S Strach, Larry 146 Willowpond Lane Ponte Vedra Beach, FL 32081
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V T Trait, Patrick M. 10 Tenth St. Atlantic Beach, FL 32233
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/02 (904) 296-2800

Date

Daytime Phone #

CR2E034B (12/01)