

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 621407

1. Entity Name

CPR OF DESTIN, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90004 036 ***150.00

970865



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3 OLD FERRY ROAD
P.O. BOX 757
SHALIMAR FL 32579

C/O C. W. CLARY
P.O. BOX 778
SHALIMAR FL 325779

2. Principal Place of Business

3 OLD FERRY ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

SHALIMAR, FL

City & State

4. FEI Number

59-1956952

Applied For

Not Applicable

Zip

32579

Country

USA

Zip

Country

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

CLARY, CHARLES W.

~~3 OLD FERRY ROAD~~ 19 Old Ferry Rd.
SHALIMAR FL 32579

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CLARY, CHARLES W.
~~3 OLD FERRY ROAD~~
SHALIMAR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
19 Old Ferry Rd.
Shalimar, FL 32579 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CLARY, CAROLYN L.
~~3 OLD FERRY ROAD~~
SHALIMAR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
19 Old Ferry Rd.
Shalimar, FL 32579 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Charles W. Clary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2001

Date

Daytime Phone #

CR2E034 (10/00)