## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 638459** 1. Entity Name **DESTINY CORPORATION** Principal Place of Business Mailing Address 603 MAIN STREET 603 MAIN STREET P. O. BOX 1100 P. O. BOX 1100

## **FILED** Mar 14, 2000 8:00 am Secretary of State

03-14-2000 90005 033 \*\*\*150.00

WINDERMERE FL 34786-1100 US			WINDERMERE FL 34786-1100 US						14 1011 PINS A			
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS	S SPAC	CE	
City & State			City & State			4.	4. FEI Number 59-1947258				· · ·	olied For Applicable
Zip	Country Zip  6. Name and Address of Current Registered Agent			Cour	ntry	. 5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
			7.	Name and A	ddress of New	Registered	d Ager	nt				
DIZNEY, DONALD 603 MAIN STREET WINDERMERE 34786					Name  Street Address (P.O. Box Number is Not Acceptable)							
			•.	*	City				F	L	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 - FILE-NOW!!! FEE-IS:\$150.00												
Tax filing re		ible to satisfy its Intangible = and elects to do so.	After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of Sta			.00	IO. LIGOR	ion Campaign Fi Fund Contribution				May Be to Fees
11.						Αľ	DDITIONS/C	HANGES TO OF	FICERS A	ND DIF	RECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCAS DIZNEY, I 603 MAIN WINDERM	ST	☐ Delete		<b>I</b>						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	JAMES E. ST	☐ Delete								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DARKMAN 603 MAIN WINDERM	ST	e e e. ⊡ Delete -								Change	Addition
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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