

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005015

1. Entity Name

DESTINATION SEMINARS U.S., INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State
 02-16-2000 90021 010 ***150.00

Principal Place of Business	Mailing Address
R R 4 BARRIE, SITE 10 ONTARIO CANADA L4M 4S6	R R 4 BARRIE, SITE 10 ONTARIO CANADA L4M



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2000 Wilkinson St.	3. Mailing Address 2000 Wilkinson St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Barrie, Ontario	City & State Barrie, Ontario
Zip L4M 4S6	Zip L4M 4S6
Country CANADA	Country CANADA

4. FEI Number 13-3786340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STERN, JERROLD S
 695 TARPON BAY RD., #2
 SANIBEL FL 33957

7. Name and Address of New Registered Agent

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 **Eric Allen President** **May 26/2000**

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	PDC	<input type="checkbox"/> Delete
NAME	ALLEN, ERIC	
STREET ADDRESS	R R 4 BARRIE, SITE 10	
CITY-ST-ZIP	ONTARIO CANADA L4M 4S6	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Eric	
STREET ADDRESS	2000 Wilkinson St.	
CITY-ST-ZIP	Barrie, Ont.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Eric Allen** **May 26/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)