

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J89985

1. Entity Name
THE MASTER'S TOUCH OF DESTIN, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90980 016 ***150.00

Principal Place of Business
519 BEACH DR
P O BOX 5794
DESTIN FL 32540
US

Mailing Address
519 BEACH DR
P O BOX 5794
DESTIN FL 32540
US

2. Principal Place of Business
337 MOUNTAIN DRIVE
SUITE APT. #, etc.
P.O. BOX 5794

3. Mailing Address
P.O. BOX 5794
Suite, Apt. #, etc.

City & State
DESTIN FL

City & State
DESTIN FL

Zip
32540

Country
USA

Zip
32540

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2845958

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MALTEZO, DEREK
519 BEACH DR
DESTIN FL 32541

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 Derek W. Maltezo DEREK W. MALTEZO, PRESIDENT 4-28-2001
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	PD MALTEZO, DEREK 519 BEACH DR DESTIN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Derek W. Maltezo DEREK W. MALTEZO 4-28-2001 850-837-4540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E034 (10/00)