

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90211 046 \*\*\*\*50.00

**DOCUMENT # L01000007983**

1. Entity Name

**DESTIN GAS GROUP III, L.L.C.**

Principal Place of Business

**34876 EMERALD COAST PARKWAY  
 DESTIN FL 32541**

Mailing Address

**34876 EMERALD COAST PARKWAY  
 DESTIN FL 32541**

2. Principal Place of Business

**1217 Airport ROAD**

3. Mailing Address

**1217 Airport Rd**

Suite, Apt. #, etc.

**Suite 419**

Suite, Apt. #, etc.

**Suite 419**

City & State

**Destin, FL**

City & State

**Destin, FL**

Zip

**32541**

Country

**USA**

Zip

**32541**

Country

**USA**



DO NOT WRITE IN THIS SPACE

961153

6. Name and Address of Current Registered Agent

**JOHNSON, MELISSA E  
 151-6A REGIONS WAY  
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name **Rupert E Phillips**

Street Address (P.O. Box Number is Not Acceptable)

**1217 Airport Rd**

**Suite 419**

City

**Destin**

**FL**

Zip Code

**32541**

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

*Rupert E Phillips*

**Rupert E. Phillips**

**4-29-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **DESTIN GROUP, LLP**  
 STREET ADDRESS **34876 EMERALD COAST PARKWAY**  
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Rupert E Phillips*  
**MANAGER**

**4-29-02**

**(850) 650-5201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)