

**FOR PROFIT CORPORATION**  
**002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90440 005 \*\*\*150.00

**636547**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** L18362  
**1. Entity Name**  
 DESTIN PROFESSIONAL CONSULTANTS, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
 320 Hwy 98 East 705  
 Suite, Apt. #, etc.  
 P. O. Box 5617  
 City & State  
 Destin, FL  
 Zip  
 32541  
 Country  
 Okaloosa

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 P. O. Box 5617  
 City & State  
 Destin, FL  
 Zip  
 32541  
 Country  
 Okaloosa

**4. FEI Number** 59-2977439  
 Applied For  
 Not Applicable

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

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**7. Name and Address of Current Registered Agent**  
 Name **CT CORPORATION SYSTEM**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1200 S PINE ISLAND ROAD  
 PLANTATION, FL 33324  
 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD <b>NAME</b> SMITH, JOHN E. <b>STREET ADDRESS</b> 2000 BAYOU LAPORTE DR. <b>CITY-ST-ZIP</b> BILOXI, MS. 39531	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> SD <b>NAME</b> SMITH, LYNNDD. <b>STREET ADDRESS</b> 2000 BAYOU LAPORTE DR. <b>CITY-ST-ZIP</b> BILOXI, MS. 39531	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
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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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *John E. Smith Sec Treas* **4-11-02** **228 388-5500**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)