

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000098

1. Entity Name

DESTINY SALES & SERVICES, L.C.

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-08-2002 90237 049 ***150.00

39169



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2180 SANLANDO CENTER
2180 W STATE RD 434, STE 1124
LONGWOOD FL 32779

2180 SANLANDO CENTER
2180 W STATE RD 434, STE 1124
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3425772**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAVER, MARIE B
2180 SANLANDO CENTER
2180 W STATE RD 434, STE 1124
LONGWOOD FL 32779

Name **MARIE WEAVER**
Street Address (P.O. Box Number is Not Acceptable)
2180 SR 434W
Ste 1124
City **LONGWOOD** FL Zip Code **32779**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marie Weaver*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
SNYDER, PAMELA
STREET ADDRESS
2180 W SR 434, STE 1124
CITY-ST-ZIP
LONGWOOD FL 32779

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

TITLE NAME ☐ Delete
MGRM
WEAVER, MARIE B
STREET ADDRESS
2180 W SR 434, STE 1124
CITY-ST-ZIP
LONGWOOD FL 32779

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

3-26-02

CR2E083 (4/02)