2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

M94893 DOCUMENT

NAPLES FL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1. Entity Name



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90135 047 ***150.00

DESTY, INC. Mailing Address Principal Place of Business 3595 GORDON DRIVE 3595 GORDON DRIVE NAPLES FL 34102 NAPLES FL 34102 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0065005 City & State Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent RYAN, JEAN S ESQ 1167 THIRD STREET SOUTH K $\mu c c$ NAPLES FL 34102 istered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Change Addition TITLE πίε ☐ Delete yawney, edward t. NAME NAME 3595 GORDON DR STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE YAWNEY, SUSAN O. NAME NAME STREET ADDRESS 3595 GORDON DR STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIE Addition Change TITLE ☐ Delete TITLE NAME YAWNEY, J. DEVON NAME STREET ADDRESS STREET ADDRESS 3595 GORDON DR CITY-ST-ZIP NAPLES FL CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE YAWNEY, P. TAYLOR NAME NAME STREET ADDRESS 3595 GORDON DR STREET ADDRESS

CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

☐ Delete

☐ Delete

CR2E034 (10/02

☐ Change

Change

☐ Addition

☐ Addition