

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90002 006 ****61.25

DOCUMENT # N40143

1. Entity Name

HIGH DESTINY, INC.

Principal Place of Business

Mailing Address

P O BOX 3060
OKEECHOBEE FL 34974-0060

P O BOX 3060
OKEECHOBEE FL 34974-0060

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

59-3057927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICKSON, DALE E
13646 US 441 N
CANAL POINT FL 33438

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BECK, EARL**
CITY-ST-ZIP **1423 17TH ST E**
BRADENTON FL 34208

TITLE ☐ Change ☒ Addition
NAME **ERICKSON, DALE**
STREET ADDRESS **13538 US HWY 441**
CITY-ST-ZIP **CANAL POINT FL 33438**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAINES, LINDA**
CITY-ST-ZIP **24011 JENNINGS RD**
MYAKKA CITY FL 34251

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

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **ANDERSON, RANDY**
CITY-ST-ZIP **5318 WARREN ST.**
NAPLES FL

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

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **ERICKSON, LYNN**
CITY-ST-ZIP **656 W. CADILLAC DR.**
ALTAMONTE SPRINGS FL

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **WILLIAMS, WENDY**
CITY-ST-ZIP **3620 4TH AVE. SE**
NAPLES FL

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PERLEE, FRED**
CITY-ST-ZIP **2004 S PALM BLVD**
MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition
NAME
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 617, 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.

SIGNATURE:

DALE E. ERICKSON 02-14-02 561-924-7714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)