

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # 194000003177

1. Entity Name

Destined For Unity of Tampa Bay, Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -1 PM 1:25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27104 Coral Springs Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 46086
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wesley Chapel

City & State

Tampa FL

4. FEI Number

65-0507059

Applied For

Not Applicable

Zip

33543

Country

PASCO

Zip

33647

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Vincent Davis

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

27104 Coral Springs Dr.

City

Wesley Chapel

FL

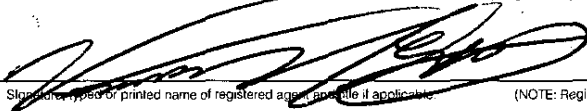
Zip Code

33543

**DO NOT WRITE
IN THIS SPACE**

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/1/04
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

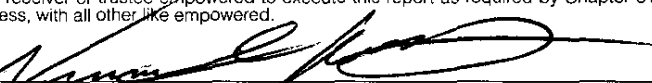
10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Vincent Davis
STREET ADDRESS	P.O. Box 46086
CITY-ST-ZIP	Tampa FL 33647
TITLE	Vice President
NAME	Rachael R. Davis
STREET ADDRESS	P.O. Box 46086
CITY-ST-ZIP	Tampa FL 33647
TITLE	Alex Dunlap Jr.
NAME	Treasurer
STREET ADDRESS	P.O. Box 46086
CITY-ST-ZIP	Tampa FL 33647
TITLE	Esther Brooks
NAME	Secretary
STREET ADDRESS	P.O. Box 46086
CITY-ST-ZIP	Tampa FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	200030462482
CITY-ST-ZIP	03/15/04--01026--014 **245.00
TITLE	
NAME	
STREET ADDRESS	REINSTATEMENT 01-04
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	IN THIS SPACE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04 (813) 929-1758

Date

Daytime Phone #

CR2E037B (12/01)

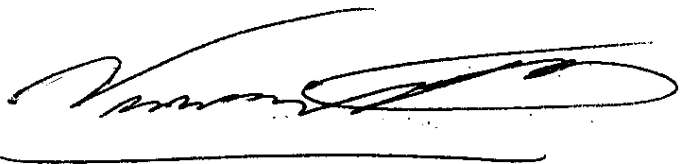
3/1/04

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To Whom it may concern,

We never received ANY notice
for destined for Unity of Tampa Bay, Inc.
for the year 2001.

We would like for the late fee's
to be waived.



President