

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90061 008 ***150.00

DOCUMENT # P00000019632

1. Entity Name

DESTINI OF BREVARD, INC.

Principal Place of Business

2006 SYKES CREEK DRIVE
MERRITT ISLAND FL 32953

Mailing Address

2006 SYKES CREEK DRIVE
MERRITT ISLAND FL 32953

00043043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

777 E. MERRITT ISLAND CSWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

377

City & State

MERRITT ISL FL

City & State

4. FEI Number

59-3626550

Applied For

Not Applicable

Zip

32952

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIPOSTA, LOUIS
2006 SYKES CREEK DRIVE
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

~~FILE NOW!!! FEE IS \$150.00~~

After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing -
Trust Fund Contribution.

☐

~~\$5.00 May Be
Added to Fees~~

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RIPOSTA, LOUIS**
STREET ADDRESS **2006 SYKES CREEK DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louis Riposta LOUIS RIPOSTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01

Daytime Phone #

321-453-1422

CR2E034 (10/00)