

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048895

1. Entity Name

DESTIN BIKE RENTALS, INC.

Principal Place of Business

130 S GERONIMO ST. STE 7
DESTIN FL 32541

Mailing Address

4101 INDIAN BAYOU BLVD
DESTIN FL 32541

2. Principal Place of Business

130 S. Geronimo St.

3. Mailing Address

130 S. Geronimo St.

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

Suite 7A

City & State

Destin, FL

City & State

Destin, FL

Zip

32550

Country

Walton

Zip

32550

Country

Walton

6. Name and Address of Current Registered Agent

MCGILL, ROBERT E III
36008 EMERALD COAST PKWY, STE 301
DESTIN FL 32541

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Joni A. King
STREET ADDRESS	4101 Indian Bayou N.
CITY - ST - ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V John A. King, Sr.
STREET ADDRESS	4101 Indian Bayou N.
CITY - ST - ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Debra J. King
STREET ADDRESS	4101 Indian Bayou N.
CITY - ST - ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Joni A. King Joni A. King President 4/3/01 (850) 837-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90071 001 ***150.00

041800



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3646523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)