

01/02

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Pg 1 of 2

FILED

02 NOV 12 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055367 Destiny Acade

1. Entity Name

1) **DESTINY ACADEMY CHILD CARE INCORPORATED**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2122 Aaron Avenue

Suite, Apt. #, etc.

3. Mailing Address

2122 Aaron Avenue

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip
32811

Country
USA

Zip
32811

Country
USA

4. FEI Number

59-3653042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Catrecea A. Anthony**

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

2122 Aaron Avenue

City **Orlando**

FL

Zip Code
32811

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President---Catrecia A. Anthony
2122 Aaron Ave
Orlando FL 32811

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY---CATRECIA A. ANTHONY
2122 AARON AVE
ORLANDO FL 32811

TITLE
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600008546816
10/23/02--01057--008 **150.00
05/15/01 90041 043 \$150.00

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 687, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catrecea A. Anthony*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-02 401-922-783

CR2E034B (12/01)

***Destiny Academy Child Care Incorporated
2122 Aaron Avenue
Orlando FL 32811***

October 14, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

**Re: Document # P00000055367- Uniform Business Report
Destiny Academy Child Care Incorporated**

Dear Sirs:

Attached are the referenced document and the renewal fee of \$150.00 for the 2002/2003 year.

The renewal fee of \$150.00 for the 2001/2002 year was paid and the renewal form sent.

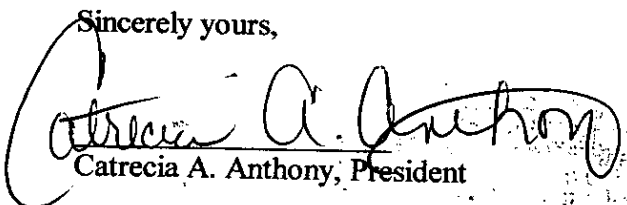
I did not receive the renewal form for the 2002/2003 year. This came to light when I was asked by my new Accountant for a copy of my current renewal.

My Accountant downloaded this Uniform Business Report so that I could have my Corporation renewed for the year 2002/2003.

I respectfully asked that all penalties associated with my renewal, be cancelled.

From this day forward, all my filings will be done timely.

Sincerely yours,


Catrecia A. Anthony, President