

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

FILED

02 MAY 22 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091957

1. Entity Name

Destiny Metals Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17810 Littlewood Dr

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Springhill FL

City & State

4. FEI Number

59-368044

Applied For

Not Applicable

Zip

Country

Zip

Country

-5- Certificate of Status Desired - ☐ - \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mary K Blazewich

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

11105 LAKE SASSA DR

City

Thonotosassa

FL

Zip Code

33592

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 reappointing)

DATE

4/26/02

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 \$61.25

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
DAVID Philipsen D
17810 Littlewood Dr
Spring Hill FL 34610

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

800005694188
-06/06/02--01035--006
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Natalie Philipsen D
17810 Littlewood Dr
Springhill FL 34610

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

Daytime Phone #

CR2E034B (12/01)