

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103259

1. Entity Name

DESTINATION NETWORK INC.

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90022 006 ***158.75

Principal Place of Business

PMB 173
5100 W. COLONIAL DR.
ORLANDO FL 32808

Mailing Address

PMB 173
5100 W. COLONIAL DR.
ORLANDO FL 32808

2. Principal Place of Business

5100 WEST COLONIAL DR.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 173

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32808

Country

ORANGE

Zip

Country

4. FEI Number

59-3683531

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UGBA, FRANCIS
1908 LAKE ATRIUM DR., #10
ORLANDO FL 32839

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
FRANCIS UGBA
1908 LK ATRIUM DR., #10-ORLANDO

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 11, 2001

CR2EX34 (10/00)